



Cook County Assessor's Office

118 N. Clark Street - 3rd Floor

Chicago, Illinois 60602

Office Hours: 8:30 A.M.- 5:00 P.M.

# Fritz Kaegi Cook County Assessor

**2021 Real Estate Assessed Valuation Appeal**

COOK COUNTY ASSESSOR APPEAL NUMBER	Control Number	Incentive
		I

RECEIVED AND CHECKED BY:

PLEASE COMPLETE ALL PARTS OF THE APPEAL FORM. TYPE OR PRINT ALL INFORMATION. COMPLY WITH ASSESSORS OFFICE RULES AND REGULATIONS IN FILLING OUT AND FILING THIS FORM. IF AIR RIGHTS PROPERTY, SUBMIT PLAT OF SURVEY.

**DO NOT LIST COMPARABLES BELOW**

List in ascending order all Permanent Index Numbers associated with the subject property.

### IDENTIFICATION AND STATUS OF OWNER / TAXPAYER

1

Name of Taxpayer / Owner \_\_\_\_\_  
 Address of Taxpayer \_\_\_\_\_ Email \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Select one:  Owner  Former Owner Liable for Tax  Tenant Liable for Tax  Executor  Beneficiary of Trust  
 Other (Explain) \_\_\_\_\_

SUBJECT PROPERTY PERMANENT INDEX NUMBER(S)	CERTIFICATE OF ERROR YEAR(S)		
	2020	2019	2018
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### NATURE OF APPEAL - LOCATION AND IDENTIFICATION OF REAL ESTATE

2

Appeal Type:  Current Year Appeal only  Current Year & C of E  C of E Only  Taxable  Exempt

Location of Subject Street Address \_\_\_\_\_  
Property: City \_\_\_\_\_ Township \_\_\_\_\_

IF SUBMITTING DATA FOR THIS APPEAL, SUBMIT IT WITH THIS APPEAL FORM.

How is the Subject Property used? Check all that apply.

<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Class 7A	<input type="checkbox"/> Farm Land	<input type="checkbox"/> Residential Landmark
<input type="checkbox"/> Class L (Landmark)	<input type="checkbox"/> Class 7B	<input type="checkbox"/> Fraternal	<input type="checkbox"/> SER
<input type="checkbox"/> Class C (Brownfields)	<input type="checkbox"/> Class 7C	<input type="checkbox"/> Omitted	<input type="checkbox"/> SRO
<input type="checkbox"/> Class S	<input type="checkbox"/> Class 8	<input type="checkbox"/> Open Space	<input type="checkbox"/> TEERM
<input type="checkbox"/> Class 6B	<input type="checkbox"/> Class 9	<input type="checkbox"/> Railroad	<input type="checkbox"/> Veterans

Current Property Class? \_\_\_\_\_  Class Change Requested Desired Market Value \_\_\_\_\_

If purchased on or after January 1, 2018, indicate year purchased and purchase price. If purchased prior to January 1, 2018 insert "prior".

Year \_\_\_\_\_ Purchase Price \_\_\_\_\_

The undersigned states that he/she has read this appeal, has personal knowledge of the contents thereof, and the same is true in substance and in fact and further so certifies under the penalties as provided by law pursuant to section 1-109 of the Illinois Code of Civil Procedure. NOTE: FALIURE TO FILE OWNER / LESEE AFFIDAVIT MAY RESULT IN DENIAL OF THIS APPEAL.

LIST ADDITIONAL INDEX NUMBERS ON ANOTHER APPEAL FORM

The assessment on the property described is inaccurate based on the following facts:

\_\_\_\_\_

FIELD CHECK REQUEST If yes, attach explanation	YES	NO
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Signature of Taxpayer or Attorney / Representative \_\_\_\_\_

### ATTORNEY / REPRESENTATIVE ONLY

3

ATTORNEY/REPRESENTATIVE CERTIFICATION: I \_\_\_\_\_  
 ATTORNEY / REPRESENTATIVE NAME (PRINT OR TYPE) \_\_\_\_\_ FIRM / COMPANY NAME \_\_\_\_\_  
 certify that I have obtained from \_\_\_\_\_

FIRM / COMPANY ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ TAXPAYER NAME \_\_\_\_\_  
 (1) explicit authorization to file this 2021 assessment appeal and/or Certificate of Error and (2) the Taxpayers assurance that I am the only attorney

TAXPAYER TITLE OR POSITION \_\_\_\_\_  
 /Representative so authorized. \_\_\_\_\_

Attorney / Representative Fax Number \_\_\_\_\_ Attorney / Representative Signature and Code Number \_\_\_\_\_ e-mail Address \_\_\_\_\_

NOTICE TO FILERS: YOU WILL BE NOTIFIED BY MAIL OF THE APPEAL NUMBER. YOU CAN FIND YOUR APPEAL NUMBER AND CHECK APPEAL STATUS ONLINE @ [www.cookcountyassessor.com](http://www.cookcountyassessor.com)

THIS FORM MUST BE FILED IN DUPLICATE. FILE BOTH COPIES WITH COOK COUNTY ASSESSOR'S OFFICE - RETAIN TIME STAMPED COPY FOR YOUR RECORDS