



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

2022 Real Estate Assessed Valuation Appeal

COOK COUNTY ASSESSOR APPEAL NUMBER

CONDO - COOP

C

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.

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 _____ Email _____
 City _____ State _____ Zip Code _____ Phone _____

Owner
 Former Owner Liable for Tax
 Tenant Liable for Tax
 Executor
 Beneficiary of Trust

Select one: Other (Explain) _____

SUBJECT PROPERTY PERMANENT INDEX NUMBER(S)

CERTIFICATE OF ERROR YEAR(S)
 2021 | 2020 | 2019

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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 Property: Street Address _____
 City _____ Township _____

How is the Subject Property used?
 Condominium
 Cooperative
 Other (Explain) _____

Is this an appeal of 100% of the entire property?
 YES
 NO
 If not, what %

If purchased on or after January 1, 2019, indicate year purchased and purchase price. If purchased prior to January 1, 2019 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: FAILURE TO FILE OWNER / LESSEE AFFIDAVIT MAY RESULT IN DENIAL OF THIS APPEAL.

Signature of Taxpayer or Attorney / Representative _____

FIELD CHECK REQUEST YES NO
 If yes, attach explanation

ATTORNEY / REPRESENTATIVE ONLY

3

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

FIRM / COMPANY ADDRESS _____ CITY _____ ZIP _____ PHONE _____

TAXPAYER TITLE OR POSITION _____ (1) explicit authorization to file this 2022 assessment appeal and/or Certificate of Error and (2) the Taxpayers assurance that I am the only attorney

/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

THIS FORM MUST BE PRESENTED IN DUPLICATE. FILE 1ST COPY WITH COOK COUNTY ASSESSOR'S OFFICE - RETAIN TIME STAMPED 2ND COPY FOR YOUR RECORDS.