

Cook County Assessor's Office

Freedom of Information Department

WEB BASED FOIA REQUEST

REQUEST NUMBER

118 N. CLARK STREET - ROOM 320 CHICAGO, ILLINOIS 60602

OFFICE HOURS 8:30 A.M. - 5:00 P.M. (312) 603-5307

REQUEST FOR RECORDS

DOCUMENT REPRODUCTION AND CERTIFICATION FEES APPLY
REPRODUCTION FEES PURSUANT TO ILLINOIS PROPERTY TAX CODE (§ 35 ILCS 200/9-20 and/or § 35 ILCS 200/14-30)

	REQUESTE	ER INFORMATION - PI	LEASE PRINT		
NAME OF INDIVIDUAL OR CORPORATI	ON SUBMITTING THIS REQUEST C	OR COOK COUNTY ASSESSOR OFFICE AT	TORNEY / REP. CODE	RELATIONSHIP TO REQUESTED SELF AGEN	
ADDRESS		CITY		STATE ZIP CODE	
PHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRE	SS		
SIGNATURE			DATE SUBM	ITTED	
Has requester previously subm	itted request for records with	the Cook County Assessor's Offic	e? YES	NO	
WILL THE INFORMATION COMMERCIAL PURPOS		RDS PRODUCED IN RESP PROPRIATE RESPONSE	PONSE TO THIS REC	QUEST BE USED FOR NO	ANY
If yes, please explain:					
	NΔTHRF	OF REQUEST - PLEA	ASE DRINIT		
- INCO					·
This request is to INSP	ECT / COPY / CER	TIFY the following public re	ecords: (CIRCLE AP	PROPRIATE RESPON	SE)
What records are sought	, please be specific:				
PROPERTY INDEX NUMB	ER				
AINQ ASIQ ASAL	FACE SHEET DIVISION	N REPORT CONDO SUMN	1ARY PROPERTY RE	CORD CARD	
ASSESSMENT APPEAL:	APPEAL YEAR	APPEAL NUMBE	ER		
OTHER:					
		OFFICE USE			
Request received by					
Requested records availa	able for inspection, req	uester contacted	by		
2nd	by	Final	by		
Number of pages copied		Number of pages	certified		
Work Order Number	Cro	eated by			

REVISED 2/13/2019