

DUPAGE COUNTY BOARD OF REVIEW 421 N. COUNTY FARM RD., WHEATON, IL 60187 630-407-5888
COMMERCIAL / INDUSTRIAL REAL ESTATE ASSESSMENT APPEAL FOR YEAR 2023

_____ (ONE Parcel Per Form) APPEAL NO. _____
PERMANENT PARCEL NUMBER PENDING PTAB DOCKET NO. _____
(if applicable)

FILING THIS APPEAL IS NOT A PROTEST OF TAXES. THIS IS AN APPEAL OF THE PRESENT ASSESMENT OF THE BELOW DESCRIBED PROPERTY AS PLACED BY THE TOWNSHIP ASSESSOR AND/OR SUPERVISOR OF ASSESSMENTS.

FAILURE TO PROPERLY COMPLETE THIS FORM MAY RESULT IN DISMISSAL OF YOUR APPEAL

SUBJECT PROPERTY STREET ADDRESS _____ **CITY/VILLAGE/POSTAL SERVICE PROVIDER** _____
NAME (PROPERTY OWNER ONLY) _____ **DATE** _____
(ATTY INFO-FILL IN AT BOTTOM)
ADDRESS _____ **PHONE** _____
CITY/VILLAGE, STATE & ZIP _____ **BUSINESS PHONE** _____
EMAIL ADDRESS _____ **FAX** _____

The present Assessment is HIGHER / LOWER , than the assessment of comparable properties.
This appeal is based on: (Please check appropriate box or boxes) **Property Type:** Commercial Industrial Office Vacant Land
 Recent Sale Comparable Sales Income Assessment Equity Other _____ No. of Bldgs _____
 Recent Construction Recent Appraisal Contention of Law Land Size _____ Bldg Size _____ No. of Floors _____

(PROPOSED ASSMT. MUST BE FILLED IN)
Appellant's proposed assessment of said property _____ **Assessor's AV** _____
Appellant's opinion of fair market value of the year in question _____ **Assessor's MV** _____
Purchase Date _____ Owner Occupied
Purchase Price _____ Leased - Provide & attach current rent roll, all leases & lessee's tax participation.

PLEASE NOTE: ALL DOCUMENTATION MUST BE SUBMITTED IN DUPLICATE (2 COPIES) AT TIME OF FILING.
PLEASE PROVIDE CERTIFIED COPIES OF DETAILED INCOME AND EXPENSE STATEMENTS FROM PRIOR 3 YEARS **IN DUPLICATE.** OATH: I do solemnly affirm that the statement made and facts set forth in the foregoing complaint are true and correct.

IF REPRESENTED BY AN AGENT/ATTORNEY, OWNER'S SIGNATURE OR SEPARATE LETTER OF AUTHORIZATION IS REQUIRED TO FILE THIS APPEAL. 2 COPIES OF THE AUTHORIZATION MUST BE SUBMITTED WITH THIS FILING.

AUTHORIZATION ATTACHED (PLEASE CHECK) **EVIDENCE ATTACHED (PLEASE CHECK)**

OWNER SIGN HERE

AGENT/ATTY NAME (Please Print)

AGENT/ATTY SIGNATURE

FIRM/COMPANY

AGENT/ATTY ADDRESS

CITY, STATE, ZIP

AG/ATTY PHONE /FAX

AGENT/ATTY E -MAIL ADDRESS

PRESENT ASSESSMENT - Please Fill In
LAND _____
BLDG _____
TOTAL _____
PRORATE _____
NEW CONSTR _____
DESTRUCTION _____
 I DO NOT WISH TO BE HEARD BUT PRESERVE THE RIGHT TO APPEAL TO THE PROPERTY TAX APPEAL BOARD.
 I DO WISH TO BE HEARD. I will be notified of a date and time.
Regardless of your choice, all appeals are treated equally.

ACTION OF BOARD OF REVIEW
LAND _____
BLDG _____
TOTAL _____
PRORATE _____
NEW CONSTR _____
DESTRUCTION _____
BY: _____
MEMBER

MEMBER

MEMBER
