**DUPAGE COUNTY BOARD OF REVIEW 421 N. COUNTY FARM RD., WHEATON, IL 60187 630-407-5888**

# COMMERCIAL / INDUSTRIAL REAL ESTATE ASSESSMENT APPEAL FOR YEAR 2022

_____–_____–_____–_____ **(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)**
**(ATTY INFO-FILL IN AT BOTTOM)**

**DATE**

**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 _____

**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.**

2020-08-09 Form 82-11-3

**ACTION OF BOARD OF REVIEW**

**LAND**_____

**BLDG**_____

**TOTAL**_____

**PRORATE**_____

**NEW CONSTR**_____

**DESTRUCTION**_____

**BY:**_____
**MEMBER**

_____
**MEMBER**

_____
**MEMBER**