

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**

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

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.**

**ACTION OF BOARD OF REVIEW**

LAND \_\_\_\_\_

BLDG \_\_\_\_\_

TOTAL \_\_\_\_\_

PRORATE \_\_\_\_\_

NEW CONSTR \_\_\_\_\_

DESTRUCTION \_\_\_\_\_

BY: \_\_\_\_\_

MEMBER

\_\_\_\_\_

MEMBER

\_\_\_\_\_

MEMBER