



Cook County Assessor's Office
 118 N. Clark Street - 3rd Floor
 Chicago, Illinois 60602
 Office Hours: 8:30 A.M.- 5:00 P.M.

Joseph Berrios Cook County Assessor

2012 Real Estate Assessed Valuation Appeal

COOK COUNTY ASSESSOR APPEAL NUMBER

IND. / COMM.

I/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

DO NOT LIST COMPARABLES BELOW

List in ascending order all Permanent Index Numbers associated with the subject property.

SUBJECT PROPERTY PERMANENT INDEX NUMBER(S)

CERTIFICATE OF ERROR YEAR(S)		
2011	2010	2009

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 _____
- 15 _____
- 16 _____

LIST ADDITIONAL INDEX NUMBERS ON ANOTHER APPEAL FORM

FIELD CHECK REQUEST

YES NO

If yes, attach explanation

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) _____

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 Ex Exempt

Street Address _____
 Location of Subject Property: City _____ Township _____

	DATA SUBMITTED WITH APPEAL	DATA TO BE SUBMITTED
How is the Subject Property used? Check all that apply.	Commercial Mixed Use	Industrial Not for Profit Condo Over 6 Apartments Other (Explain) _____

If purchased on or after January 1, 2009, indicate year purchased and purchase price. If purchased prior to January 1, 2009 insert "prior".
 Year _____ Purchase Price _____

The undersigned states that he/she has read the above 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 _____

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 _____

(1) explicit authorization to file this 2012 assessment appeal and/or Certificate of Error and
 TAXPAYER TITLE OR POSITION _____ (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 FILED IN DUPLICATE. FILE BOTH COPIES WITH COOK COUNTY ASSESSOR'S OFFICE - RETAIN TIME STAMPED COPY FOR YOUR RECORDS