



Cook County Assessor's Office

118 N. Clark Street - 3rd Floor

Chicago, Illinois 60602

Office Hours: 8:30 A.M.- 5:00 P.M. **2012 Real Estate Assessed Valuation Appeal**

Joseph Berrios Cook County Assessor

COOK COUNTY ASSESSOR APPEAL NUMBER	VACANT LAND
	L

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. IF AIR RIGHTS PROPERTY, SUBMIT PLAT OF SURVEY.

RECEIVED AND CHECKED BY:

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

IDENTIFICATION AND STATUS OF OWNER / TAXPAYER

1

Name of Taxpayer / Owner _____
 Address of Taxpayer _____ Email _____
 City _____ State _____ Zip Code _____ Phone _____

Owner Former Owner Liable for Tax Tenant Liable for Tax Executor Beneficiary of Trust
 Select one: Other (Explain) _____

SUBJECT PROPERTY PERMANENT INDEX NUMBER(S)	CERTIFICATE OF ERROR YEAR(S)
	2011 2010 2009
1	
2	
3	
4	
5	
6	
7	

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 Exempt

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

How is the Subject Property used? Check all that apply.	DATA SUBMITTED WITH APPEAL		DATA TO BE SUBMITTED		
	Zoning	Farmland	Wetland	Retention	2-41
	Demolition	Common Area	Unbuildable	Contamination	Open Space

LIST COMPARABLE PROPERTY PIN(S) AND CLASS BELOW

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The assessment on the property described is inaccurate based on the following facts:

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 this 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 _____

FIELD CHECK REQUEST YES NO
 If yes, attach explanation

ATTORNEY / REPRESENTATIVE ONLY

3

ATTORNEY/REPRESENTATIVE CERTIFICATION: I _____
 ATTORNEY / REPRESENTATIVE NAME (PRINT OR TYPE) _____ FIRM / COMPANY NAME _____

FIRM / COMPANY ADDRESS _____ CITY _____ ZIP _____ PHONE _____ certify that I have obtained from _____ TAXPAYER NAME _____

(1) explicit authorization to file this 2012 assessment appeal and/or Certificate of Error and (2) the Taxpayers assurance that I am the only Attorney

TAXPAYER TITLE OR POSITION _____
 /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