



**Residential Appeal Narrative /
Additional Documentation Form**

Appeal Year

Appeal Number

Property Index Number(s)

Property Index Number(s)

Property Street Address

City **IL** _____
 State Zip

Township

Owner / Taxpayer

Owner's Mailing Address

City **IL** _____
 State Zip

Daytime Phone Number

Email Address

This form should be used to further explain the reason for appealing the assessment on your property. Use the space below to give a detailed explanation of the appeal. Use additional pages if necessary.

Through my signature below, I affirm that I am the owner/lessee or appointed representative and that all information is true to the best of my knowledge.

Signature of Owner/Lessee or Representative

Date

COOK COUNTY ASSESSOR

FRITZ KAEGLI



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