

**RETURN TO:**

**DUPAGE COUNTY BOARD OF REVIEW 421 N. COUNTY FARM RD., WHEATON, IL 60187 630-407-5888  
RESIDENTIAL REAL ESTATE ASSESSMENT APPEAL FOR YEAR 2017**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_(ONE PARCEL PER FORM) APPEAL NO.\_\_\_\_\_  
**PERMANENT PARCEL NUMBER**  
**Pending PTAB docket number (if applicable)**\_\_\_\_\_

FILING THIS APPEAL IS NOT A PROTEST OF TAXES. THIS APPEAL ASSURES YOU OF A HEARING RELATIVE TO THE ASSESSMENT OF YOUR PROPERTY AS PLACED BY THE TOWNSHIP ASSESSOR AND/OR SUPERVISOR OF ASSESSMENTS.

**PROPERTY ADDRESS**\_\_\_\_\_ **DATE**\_\_\_\_\_

**OWNER NAME**\_\_\_\_\_ **HOME/CELL #**\_\_\_\_\_  
 (attys/agents fill in at bottom)

**OWNER ADDRESS (if different from above)**\_\_\_\_\_ **BUS PHONE**\_\_\_\_\_  
 (attys/agents- fill in your info in bottom section)

**CITY OR VILLAGE /ZIP CODE**\_\_\_\_\_ **EMAIL**\_\_\_\_\_

The Assessment is HIGHER ☐ / LOWER ☐ than the assessment of comparable properties **FAX #**\_\_\_\_\_

☐ Property is assessed at more/less than 1/3 of its MARKET VALUE. CLASS ☐ Single Family Residence ☐ 2 to 6 APTS ☐ VACANT

☐ The assessment is greater than 1/3 of recent SALE PRICE. STATUS ☐ OWNER OCCUPIED ☐ RENTED-MO RENT \$\_\_\_\_\_  
 (Please attach copy of Closing Statement)

☐ Uniformity ☐ CONDO ☐ TOWNHOME

OTHER \_\_\_\_\_

**WHAT DO YOU THINK A FAIR MARKET VALUE OF YOUR HOME SHOULD BE? PROPOSED PROPERTY ASSESSMENT**  
 \$ \_\_\_\_\_ DIVIDED BY 3 = \_\_\_\_\_  
 (Please Fill In - Your opinion of value as of January 1, 2017) (Please Fill In - What you think your assessment SHOULD be as of January 1, 2017)

**IF YOU ARE APPEALING UNIFORMITY, RESIDENTIAL GRID SHEET (PAGE 2) MUST BE FILLED OUT AND SUBMITTED WITH APPEAL**

**PLEASE SUBMIT 2 COPIES OF APPEAL AND 2 COPIES OF EVIDENCE  
INCOMPLETE APPEALS WILL NOT BE SET FOR HEARING**

Oath: I do solemnly confirm that the statements made and the facts set forth in the foregoing complaint are true and correct to the best of my knowledge.

**OWNER'S SIGNATURE** \_\_\_\_\_

1- ☐ I DO WISH TO APPEAR. Please notify me by mail of my designated hearing date and time.

2- ☐ I WILL NOT APPEAR I request the Board make a decision based on evidence submitted. I

understand I will NOT receive a hearing notice.

**IF REPRESENTED BY AN ATTY/AGENT, OWNER'S SIGNATURE OR SEPARATE LETTER OF AUTHORIZATION IS REQUIRED 2 COPIES OF AUTHORIZATION MUST BE SUBMITTED WITH THIS FILING OR A HEARING WILL NOT BE SCHEDULED**

ATTORNEY or AGENT'S NAME \_\_\_\_\_ ATTORNEY or AGENT'S SIGNATURE \_\_\_\_\_  
 FIRM NAME/ADDRESS \_\_\_\_\_

LAND \_\_\_\_\_  
 BUILDING \_\_\_\_\_  
 TOTAL \_\_\_\_\_  
 PRO-RATE \_\_\_\_\_  
 NEW CONSTR/DESTRUC \_\_\_\_\_ / \_\_\_\_\_

EMAIL \_\_\_\_\_

LAND \_\_\_\_\_  
 BUILDING \_\_\_\_\_  
 TOTAL \_\_\_\_\_  
 PRO-RATE \_\_\_\_\_  
 NEW CONST/DESTR AMT \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ (OFFICE USE ONLY)

MEMBER

MEMBER

MEMBER