

COMPLAINT FORM CHECKLIST PRIOR TO FILING

It is the responsibility of the complainant to adhere to the Rules and Procedures set forth by the Winnebago County Board of Review with regard to Real Estate Assessment Complaints.

- Did you read the Board of Review Rules and Procedures?**
- Did you completely fill out all applicable sections of your complaint form?
- Did you complete the “address which correspondence should be sent (if other than property address)” portion of the complaint form, if applicable?
- Did you sign your complaint form?
- Did you file the complaint by the deadline date? If you are mailing the complaint, be sure the postmark is **on or before the deadline date**.
- Did you provide the original and **2** Copies of the Complaint form and **3** copies of ALL written evidence? **Did you retain a complete copy for your files?**
- Did you include all the information you want the Board of Review to consider?
- Did you include your opinion of the correct assessed value in the Complainant’s Requested Value section on the Complaint Form?
- Did you include your **email address** for correspondence purposes? You may receive a copy of the township assessor’s evidence no earlier than **approximately 2-4** weeks after the filing deadline at the following link: <http://assessor.wincoil.us> Choose Specific Parcel Information on the menu on the right side. Enter the Parcel Identification number (PIN) and click submit. Click the PIN highlighted in **blue**. Choose the year (i.e. 2018); under the parcel number choose “**Click Here for the Evidence**”. Please contact our office if you are unable to access the assessor’s evidence.

WINNEBAGO COUNTY BOARD OF REVIEW
ROOM 301 • COUNTY ADMINISTRATION BUILDING
404 ELM STREET • ROCKFORD, ILLINOIS 61101
Phone (815) 319-4460 - Website <http://assessor.wincoil.us>
2018 REAL ESTATE ASSESSMENT COMPLAINT

FOR OFFICE USE ONLY
____ COM ____
INITIALS: _____

PROPERTY OWNER (Please Print or Type) _____

TOWNSHIP OF PROPERTY _____ P.I.N. _____ - _____ - _____

ADDRESS OF PROPERTY _____

ADDRESS TO WHICH CORRESPONDENCE IS TO BE SENT (IF OTHER PROPERTY ADDRESS):

ADDRESS _____ CITY _____ ST _____ ZIP _____

The complete Rules & Procedures of the Winnebago County Board of Review are available in the Board of Review Office or at <http://assessor.wincoil.us>, click on Board of Review on the menu of the right side of the page.

Check the basis upon which this complaint is being made:

- Overvaluation compared to Market Value Equity of assessment
- Discrepancy in Physical Data Other _____

Owner's estimate of **MARKET VALUE** of the property as of **January 1, 2018** \$ _____

Purchase Date _____ Purchase Price \$ _____

	Farm Land	Farm Bldgs.	Non-Farm Land	Non-Farm Bldgs.	Total
Current (2018) ASSESSED Value					
Complainant's Requested ASSESSED Value					

1. Is an **ASSESSED** value reduction of \$33,333 to \$99,999 being requested?* YES or NO

***The deadline for filing evidence for reductions of less than \$100,000 is September 17th, 2018.**

2. Is an **ASSESSED** value reduction of \$100,000 or more being requested?** YES or NO

****The deadline for filing evidence for reductions of \$100,000 or more is October 9th, 2018.**

EVIDENCE RECEIVED AFTER THE EVIDENCE FILING DEADLINE WILL NOT BE CONSIDERED BY THE BOARD. COMPLAINT FILINGS WHICH INCLUDE ALL THE EVIDENCE FOR THE COMPLAINT WILL BE PROCESSED FIRST.

Are you submitting all the evidence you expect to submit for this complaint? YES or NO


Page 2 can be used to list information about comparable properties you want the Board of Review to consider. **The Board will consider only the first 5 Market Value comparable properties and the first 10 Equity comparable properties submitted.** Use separate copies for Market Value and Equity.

SUBMIT ORIGINAL AND 2 COPIES OF THIS FORM AND 3 COPIES OF ALL WRITTEN EVIDENCE

Comments: _____

THE FILING DEADLINE IS AUGUST 20, 2018.

UNDER PENALTY OF PERJURY, BY SIGNING THIS FORM, I ACKNOWLEDGE I HAVE PERSONALLY COMPLETED THIS FORM.

 **Complainant Signature** _____ check one owner trustee executor

Complainants' phone Number(s): _____ **COMPLAINANT'S EMAIL:** _____

**** SHOULD YOU WANT TO RECEIVE CORRESPONDENCE ELECTRONICALLY, PLEASE PROVIDE AN EMAIL ADDRESS. ****

Attorney Name _____

Attorney Signature _____

Attorney Address _____

Attorney Phone # _____

Attorney Email Address _____

For Office Use Only

Date Received
Received by: _____

THIS FORM MUST BE COMPLETED AND SIGNED BY THE PROPERTY OWNER, A LICENSED ILLINOIS ATTORNEY OR ANOTHER PERSON WITH STANDING TO FILE THE COMPLAINT, AS EXPLAINED IN THE BOARD OF REVIEW RULES AND PROCEDURES (SEE PAGE 7).

The Board of Review will consider only the first 5 sales comparables and the first 10 equity comparables.

Parcel No. _____ - _____ - _____ - _____ Type of Comparables Market Value Equity

		Subject Property	Comparable #1	Comparable #2	Comparable #3	Comparable #4	Comparable #5
ADDRESS	Street #						
	Street Name						
Parcel Number (PIN)							
Sale Price							
Sale Date							
Sale Price per Sq. Ft.							
Land Assessed Value							
Building Assessed Value							
Building AV per Sq. Ft.							
Total Assessed Value							
Total AV per Sq. Ft.							
Distance from subject							
Land size							
Style &/or # of Stories							
Exterior Wall Covering							
Year Built							
Baths Full / Half							
Above Grade Living Area							
Finished Basement Area							
Central Air?							
# of Fireplaces							
Garage (Sq. Ft. or # of cars)							
Patio or Decks							
Other (Pool, sheds etc.)							
Notes on Subject							
Notes on Comp #1							
Notes on Comp #2							
Notes on Comp #3							
Notes on Comp #4							
Notes on Comp #5							
Summary of Comparison							