



2022 PROPERTY ASSESSMENT COMPLAINT FORM WINNEBAGO COUNTY BOARD OF REVIEW

404 Elm St. | Room 301
Rockford, IL 61101
bor@soa.wincoil.gov | (815) 319-4463

For Office Use Only

____ COM ____

Initials: ____

Instructions

- The assessment complaint process is governed by the Board of Review's Rules and Procedures, which can be found at <http://wincoil.us/departments/supervisor-of-assessments/board-of-review/>. The taxpayer is responsible for reviewing these rules prior to filing a complaint.
- This form must be filed no more than 30 calendar days from the date of publication required under 35 ILCS 200/16-55.
- The original complaint form must be submitted along with 2 additional copies and 3 copies of evidence.
- All evidence must either accompany this complaint form or be submitted to this office no later than the following:
25 calendar days after the complaint filing deadline for all Assessed Value Reduction requests of less than \$100,000.
45 calendar days after the complaint filing deadline for all Assessed Value Reduction requests of \$100,000 or greater.
- Page 2 of this form may be used to list data regarding comparable properties that you want the Board to consider. The Board will only consider the first 5 Market Value comparisons and the first 10 Equity comparisons submitted.
- Corporate taxpayers and owners must be represented by an attorney licensed to practice law in Illinois.
- If the taxpayer requires an appearance before the Board but fails to appear, the complaint may be dismissed.
- Questions about this form or the Board's Rules and Procedures may be directed to the Board office at (815)319-4463.

Section 1: Property Identification

Owner of Record: _____ Parcel No. _____

Property Address: _____ Mailing Address: _____

Property City, State, ZIP: _____ Mailing City, State, ZIP: _____

Telephone number: _____ Email Address: _____

Note: All corporate owners/taxpayers must be represented by an attorney licensed to practice law in Illinois.

If property owner is being represented by an attorney, all correspondence pertaining to this complaint will be sent to the attorney of record.

Attorney Name: _____ Address: _____

Firm Name: _____ City, State, ZIP: _____

Telephone: _____ Email Address: _____

Section 2: Property Valuation

Check the basis upon which the 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 1st, 2022**: \$ _____

Purchase Date (if applicable): ____/____/____ Purchase Price (if applicable): _____

| | Farm Land | Farm Bldgs. | Land | Buildings | Total |
|-------------------------------|-----------|-------------|------|-----------|-------|
| Current (2022) Assessed Value | | | | | |
| Requested Assessed Value | | | | | |

Please Note: Any reduction request to the Assessed Value of \$33,333 or greater will automatically be scheduled for a Hearing before the Board. Any evidence received after the evidence filing deadline as noted in the instructions above will not be considered by the Board.

Is an Assessed Value Reduction of \$33,333 to \$99,999 being requested? Yes No

Is an Assessed Value Reduction of \$100,000 or greater being requested? Yes No

Is there additional evidence on this complaint that will be submitted? Yes No

Hearing Preference, for automatically scheduled hearings: Virtual In-person

Section 3: Signature (required)

Under penalty of perjury, by signing this form, I acknowledge that I am the taxpayer of record for the above captioned property or the duly authorized attorney for owner/taxpayer and that the statements made and the facts set forth in the foregoing complaint are true and correct to the best of my knowledge.

Taxpayer/Attorney signature _____ Print Name _____ Date