

SUGAR GROVE TOWNSHIP ASSESSOR

CURT JOHN KARAS, CIAO CPA MBA
CERTIFIED ILLINOIS ASSESSING OFFICER

2019 REQUEST FOR PROPERTY ASSESSMENT REVIEW

(THIS IS **NOT** THE APPEAL FORM FOR KANE COUNTY BOARD OF REVIEW ASSESSMENT COMPLAINTS)

Parcel ID Number (PIN#) 14 - - -

Reason for Request _____

Property Address _____ City _____

Owner(s) Name _____ Phone _____

If different than property address
Mailing Address _____ Email _____

City/State/Zip _____

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Property is: ___ Owner Occupied ___ Rented/Leased (monthly rent/lease) \$ _____

Tax Payer's Estimate of Market Value \$ _____
(for property tax purposes only, not for real estate purposes)

Market value is established using sales on a 3-yr weighted average of similar properties as of

January 1, 2016 through December 31, 2018

An appraisal report can be considered if dated as of January 1st of the assessment year
and contains comparable sales preceding the assessment date

PROPERTIES COMPARABLE TO SUBJECT BY MODEL/NEIGHBORHOOD

Property Address/Parcel ID#	STY Description (same as subject)
1)	_____
2)	_____
3)	_____
4)	_____

Signature Date

Additional Comments

Request for Additional Information

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For office use only
.....

Date of Inspection _____ Assessing Official _____

Assessor Comparables/Findings/Recommendations
