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54 SNOW STREET. P.O. BOX 1138 SUGAR GROVE, ILLINOIS 60554

CURT KARAS, C.I.A.O

ASSESSOR

# ASSESSOR PROPERTY ASSESSMENT COMPLAINT FORM

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

WWW.SUGARGROVETOWNSHIP.COM

## 2018

PARCEL IDENTIFICATION NUMBER (pin#): 14- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (optional)

Requested by: \_\_\_\_\_ Reason for Complaint: \_\_\_\_\_

See page two for additional space

PROPERTY ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_, Zip Code: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_, Zip Code: \_\_\_\_\_

.....  
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, 2015-December 31, 2017** *per Illinois Compiled Statute*

An appraisal report can be considered if dated as of January 1<sup>st</sup> 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 <sup>same as subject</sup>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PARCEL IDENTIFICATION NUMBER (pin#):

14- \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (or);

PROPERTY ADDRESS: \_\_\_\_\_

**ADDITIONAL COMMENTS:**

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**REQUEST FOR ADDITIONAL INFORMATION OR EXEMPTION FORMS:**

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Office use only

DATE OF INSPECTION: \_\_\_\_\_ APPRAISER/DEPUTYASSESSOR: \_\_\_\_\_

.....  
ASSESSOR'S FINDINGS & RECOMMENDATION:

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