

OFFICE: (630) 466-5255

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

ASSESSOR, LAURA E. ROSS, CIAO

**ASSESSOR PROPERTY ASSESSMENT
COMPLAINT FORM**

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

WWW.SUGARGROVETOWNSHIP.COM

2017

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, 2014-December 31, 2016 *per Illinois Compiled Statute*

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) _____	
5) _____	

Signature

Date

PARCEL IDENTIFICATION NUMBER (pin#):

14- ____ - ____ - ____ (or);

PROPERTY ADDRESS: _____

ADDITIONAL COMMENTS:

REQUEST FOR ADDITIONAL INFORMATION OR EXEMPTION FORMS:

Office use only

DATE OF INSPECTION: _____ APPRAISER/DEPUTYASSESSOR: _____

ASSESSOR'S FINDINGS & RECOMMENDATION:

