

RETURN TO:  
Champaign County Board of Review  
102 East Main Street  
Urbana, IL 61801  
www.champaigncountyil.gov  
bdrvw@champaigncountyil.gov  
(217)384-3758

FOR TAX YEAR 2025

PIN: \_\_\_\_\_  
List additional pins on page 2

COMMERCIAL REAL ESTATE ASSESSMENT COMPLAINT FORM

Docket # (Office use only) \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Township: \_\_\_\_\_  
PIN#: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Complainant Home/Cell#: \_\_\_\_\_  
Complainant Email Address: \_\_\_\_\_

Commonly Known As: \_\_\_\_\_  
Mail decision to (complete **only** if different from property owner/property address):  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

WHAT DO YOU THINK <u>A FAIR MARKET VALUE</u> OF YOUR PROPERTY SHOULD BE?	<u>PROPOSED PROPERTY ASSESSMENT</u>
\$ _____ (Please Fill In—Your opinion of value as of January 1, 2025)	DIVIDED BY 3 = _____ (Please Fill In—What you think your assessment SHOULD be as of January 1, 2025)

Are you requesting a reduction of \$300,000.00 or more in market value? \_\_\_\_yes \_\_\_\_no

PLEASE SUBMIT 2 HARD COPIES OF APPEAL AND 2 COPIES OF EVIDENCE, AND 1 ELECTRONIC COPY OF BOTH. ELECTRONIC COPY FILE NAME **MUST** BEGIN WITH THE PRIMARY PARCEL PIN.

I am filing an assessment complaint because:

- ☐ I recently purchased this property for less than the current assessment. Purchase price \$ \_\_\_\_\_ Date \_\_\_\_\_  
(Please submit a copy of the settlement sheet)
- ☐ I have an appraisal within the past 36 months that shows my assessment is too high. Appraised value \$ \_\_\_\_\_  
(Please provide a copy of the appraisal)
- ☐ My property is listed for sale for less than the current assessment. List price \$ \_\_\_\_\_  
(Please provide a copy of the listing).
- ☐ My assessment is higher than comparable properties in my neighborhood. Please attach evidence.  
Is Property Rented?: Yes or No (If yes, state monthly rental \$ \_\_\_\_\_)
- ☐ Income Approach to Value (Refer to the Board of Review Rules).

If you list this property for sale after filing an assessment complaint, you **MUST** notify the Board of Review.

BOARD OF REVIEW USE ONLY

CURRENT ASSESSMENT		
LAND:	BUILDING:	TOTAL:

BOR ASSESSMENT		
LAND:	BUILDING:	TOTAL:

**Please tell us about your property (required):**

Present Use: \_\_\_Retail \_\_\_Office \_\_\_Industrial \_\_\_Vacant Land \_\_\_5+ Unit Apartment \_\_\_Other \_\_\_\_\_

Physical Information: # of stories above ground level \_\_\_\_\_ Year built \_\_\_\_\_ Condition: \_\_\_\_\_

Approximate square footage above ground: \_\_\_\_\_

Type of exterior: \_\_\_Vinyl \_\_\_Brick \_\_\_Wood \_\_\_Other: \_\_\_\_\_

Foundation: \_\_\_Crawl \_\_\_Slab \_\_\_Basement: \_\_\_full \_\_\_partial \_\_\_unfinished \_\_\_% finished

Parking: \_\_\_# cars \_\_\_open surface lot \_\_\_other: \_\_\_\_\_

Remodeling: Date of last remodel: \_\_\_\_\_ Approximate cost of remodel: \$ \_\_\_\_\_

If an apartment: Apartment count: 1BR \_\_\_ # of baths \_\_\_ rent/month \_\_\_\_\_

2 BR \_\_\_ # of baths \_\_\_ rent/month \_\_\_\_\_ 3 BR \_\_\_ # of baths \_\_\_ rent/month \_\_\_\_\_

4 BR \_\_\_ # of baths \_\_\_ rent/month \_\_\_\_\_ other \_\_\_ # of baths \_\_\_ rent/month \_\_\_\_\_

Please describe any mixed uses within the building (e.g. office/residential/retail, common area & amenities with percent of total space):

---

---

---

---

---

---

---

---

---

---

How much do you think your property would sell for today? \$ \_\_\_\_\_

**List additional pin(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Oath:** I do solemnly affirm that the statements made and the facts set forth in the foregoing complaint are true and correct to the best of my knowledge.

**OWNER'S SIGNATURE** \_\_\_\_\_

**IF REPRESENTED BY AN ATTORNEY, OWNER'S SIGNATURE OR SEPARATE LETTER OF AUTHORIZATION IS REQUIRED, AND 2 COPIES OF AUTHORIZATION MUST BE SUBMITTED WITH THIS FILING. ATTORNEY MUST BE LICENSED IN ILLINOIS.**

ATTORNEY or AGENT'S NAME \_\_\_\_\_ ATTORNEY or AGENT'S SIGNATURE \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This section reserved for Board of Review use only.