

hampaign County Board of Review

hampaign County  
76 E Washington St  
hampaign, IL 61802-4581

Docket # \_\_\_\_\_

*BORE* co. *champaign, il, us*  
(217)384-3758

RESIDENTIAL REAL ESTATE ASSESSMENT COMPLAINT

NOTE: A SEPARATE COMPLAINT MUST BE FILED ON EACH PIECE OF PROPERTY.

Owner's Name: \_\_\_\_\_

Township \_\_\_\_\_

PIN# \_\_\_\_\_

Property Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Mail decision to (complete only if different from  
property owner/property address):

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Complainant HOME/CELL # \_\_\_\_\_

BUS PHONE \_\_\_\_\_

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

WHAT DO YOU THINK A FAIR MARKET VALUE OF YOUR HOME SHOULD BE? **PROPOSED PROPERTY ASSESSMENT**

\$ \_\_\_\_\_ DIVIDED BY 3 = \_\_\_\_\_  
(Please Fill In - Your opinion of value as of January 1, 2021) (Please Fill In - What you think your assessment SHOULD be as of January 1, 2021)

**IF YOU ARE APPEALING UNIFORMITY, or Sales Comparison data, OR SALES COMPARISON DATA, A GRID SHEET (PAGE 2) MUST BE FILLED OUT AND SUBMITTED WITH APPEAL**

**PLEASE SUBMIT 2 COPIES OF APPEAL AND 2 COPIES OF EVIDENCE**

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 24 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 \$ \_\_\_\_\_)

Have you recently tried to sell this property?: Yes or No (If yes, date offered \_\_\_\_\_  
Amount \$ \_\_\_\_\_)

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

CURRENT ASSESSMENT		
LAND:	BUILDING:	TOTAL

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 ATTY/AGENT, OWNER'S SIGNATURE OR SEPARATE LETTER OF AUTHORIZATION IS REQUIRED 2 COPIES OF AUTHORIZATION MUST BE SUBMITTED WITH THIS FILING.**

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

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

Please tell us about your property (required):

Present Use:    Retail    Office    Industrial    Vacant Land    Apartment <sup>5+ units</sup>    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    % finish

Parking:    # cars    open surface lot    other:   

Remodeling: Date of last remodel:    Apx. Cost of remodel: \$   

If an apartment: Apartment Count: 1 BR    BTH rent/mo   

2 BR    BTH rent/mo    BTH 3 BR    BTH rent/mo   

4 BR    BTH rent/mo    Other       Bat rent/mo   

*BTH  
#08  
Both room C*

**Economic Information:**

Gross Income in 20     

Total expenses in 20   exclude any mortgage payment, interest and depreciation)   

Please describe any improvements and or additions you have made in the past 2 years:

Please describe any mixed uses within the building (eg office/residential/retail)  
*common area + amenities with percent of total space*

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

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**RESIDENTIAL COMPARISON GRID**

Please complete the Residential Comparison Grid if your appeal is based on uniformity or excessive market value. Information necessary to complete this form is available from your local township assessor, and from your own first hand knowledge of comparable properties. A copy of your information will be sent to your local township assessor.

**\*\*MINIMUM 3 COMPARABLES, MAXIMUM 5 COMPARABLES\*\***

		SUBJECT PROPERTY	COMPARABLE #1	COMPARABLE #2	COMPARABLE #3
1	Permanent Parcel Number				
2	Street Address				
3	Proximity to subject				
4	Lot size/Acreage				
5	**Structure Type/Style/ Number of Stories				
6	Exterior Construction				
7	Age of Property				
8	Number of Bathrooms (full and half)				
9	Living Area (square feet) Per assessor's property record card				
10	Basement area (square feet)				
11	Finished Basement Area (yes or no, or percentage of finished area)				
12	Air Conditioning Heating				
13	Fireplace				
14	Garage or carport <i># of cars</i>				
15	Patio or Decks <i>Fence</i>				
16	# of bedrooms				
17	Date of Sale				
18	Sale Price (within last 3 years)				
19	Sale Price per square foot (sale Price divided by living area from Line 9.)				
20	Market Value Per Assessor				
21	Market Value per Sq. Ft. (Market Value divided by living area (line 9))				
22	Land Assessment				
23	Building Assessment				
24	Total Assessment				
25	Building Assessment per square foot (bldg assmt from line 23 divided by living area from line 9)				

\*Either the neighborhood name, number, subdivision name, or development name will be sufficient. This is a VERY important characteristic.

\*\*This is a VERY important category of information.

Champaign County Board of Review

Champaign County  
1776 E Washington St  
Urbana, IL 61802-4581

COMMERCIAL REAL ESTATE ASSESSMENT COMPLAINT

Docket # \_\_\_\_\_

BORE Co, Champaign, IL, US  
(217)384-3758

NOTE: A SEPARATE COMPLAINT MUST BE FILED ON EACH PIECE OF PROPERTY.

Owner's Name: \_\_\_\_\_

DBA (if Different)  
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Township \_\_\_\_\_

PIN# \_\_\_\_\_

Name \_\_\_\_\_

Property Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Complainant HOME/CELL # \_\_\_\_\_

BUS PHONE \_\_\_\_\_

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

WHAT DO YOU THINK A FAIR MARKET VALUE OF YOUR HOME SHOULD BE? PROPOSED PROPERTY ASSESSMENT

\$ \_\_\_\_\_ DIVIDED BY 3 = \_\_\_\_\_  
(Please Fill In - Your opinion of value as of January 1, 2021) (Please Fill In - What you think your assessment SHOULD be as of January 1, 2021)

If you are requesting a reduction of \$300,000.00 or more in market value?  yes  no

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*BTH  
#08  
Bath room*

   2 BR Bth rent/mo Bth    3 BR Bth rent/mo   

   4 BR Bth rent/mo    Other    Bth rent/mo   

**Economic Information:**

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

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All filings must be postmarked no later than September 10, 2016. We are requesting a reduction of \$300,000.00 or more in market value, submit evidence and fill forms in mail two sets of the forms and two sets of the evidence to the Board of Review at the above address.

BOB Processed by:    Date: