



**WILL COUNTY BOARD OF REVIEW  
302 N. CHICAGO ST, 2<sup>ND</sup> FLOOR  
JOLIET, ILLINOIS 60432**

**Verification of Authority to Represent Owner(s) of Real Property**

I, \_\_\_\_\_,

(print name/title of authorized property holder)

hereby authorize the following attorney to represent me in the assessment complaint(s) and hearing(s) before the Will County Board of Review for the 20\_\_\_\_\_ tax levy year. **This authorization is valid only for the current tax assessing levy year.**

\_\_\_\_\_  
Attorney (print first & last name)

\_\_\_\_\_  
ARDC#

\_\_\_\_\_  
Name of Law Firm (print)

\_\_\_\_\_  
Law Firm's Address (print)

\_\_\_\_\_  
IL

\_\_\_\_\_  
Email address (print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Owner's Signature(s)

\_\_\_\_\_  
Owner's Phone Number

\_\_\_\_\_  
Date

Check applicable holder of ownership:

- ☐ Owner of property
- ☐ Manager of LLC/ CORP./INC.
- ☐ Beneficiary/ Trustee of Trust
- ☐ Other \_\_\_\_\_

**Permanent Index Number(s)**

(For additional Parcels attach the official Addendum)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

