



***WILL COUNTY
BOARD OF REVIEW
Commercial
Assessment Complaint***

**WILL NOT ACCEPT AN ASSESSMENT COMPLAINT WITHOUT ONE (1)
COPY OF THE ASSESSMENT COMPLAINT AND ALL EVIDENCE.**
(NO staples or other bindings can be used)

**TO SUBMIT YOUR ASSESSMENT
COMPLAINT ELECTRONICALLY GO TO:
BORCOMPLAINTS.WILLCOUNTYSOA.COM**

ALL EVIDENCE should be submitted with your assessment complaint.
Do **NOT** create your own grid. Use the grid provided in this packet.

Please read carefully as the rules have changed!

**** DUE TO SECURITY CHANGES IN THE WILL COUNTY OFFICE
BUILDING, ALL VISITORS ARE REQUIRED TO PASS THROUGH A
SECURITY CHECK UPON ENTRANCE TO THE BUILDING.****

- PLEASE ARRIVE TO THE BUILDING AT LEAST **15 MINUTES** IN
ADVANCE OF YOUR SCHEDULED HEARING. THIS WILL ALLOW
YOU TIME TO PASS THROUGH SECURITY AND ARRIVE AT YOUR
HEARING IN A TIMELY MANNER.

HEARINGS CANNOT BE RESCHEDULED IF YOU ARE LATE!

COPIES OF ALL HEARING SCHEDULES CAN BE FOUND ON
WWW.WILLCOUNTYSOA.COM OR BY LOGGING INTO
BORCOMPLAINTS.WILLCOUNTYSOA.COM WITH YOUR USER ID AND
PASSWORD.



**WILL COUNTY BOARD OF REVIEW
COMMERCIAL
ASSESSMENT COMPLAINT**

Docket # _____

ATTACH ALL SUPPORTING DOCUMENTATION WITH PAPER/BINDER CLIPS

REAL PROPERTY ASSESSMENT COMPLAINT FOR THE YEAR _____

IF AN COMPLAINT HAS BEEN FILED WITH THE PROPERTY TAX COMPLAINT BOARD FOR THE PRIOR YEAR,
PLEASE INDICATE THE DOCKET NUMBER ASSIGNED TO THE COMPLAINT: _____

SECTION I

*Complainant

Attorney for Complainant ARDC#

Street

Street

City Zip Code

City Zip Code

Telephone

Telephone

E-Mail Address

E-Mail Address

If you have a Board of Review portal account, provide your user ID: _____

SECTION II

Petition is hereby made to complaint the assessment of the _____ Township Assessor
relating to the property described below. Notice of such assessment was postmarked on _____

Permanent Index Number (PIN) _____ Township _____

Address of Property _____

*Please use the attached addendum on page 2 if there is more than one parcel number associated with your complaint.

COMPLAINT IS BASED ON: ☐ CONTENTION OF LAW (ATTACH BRIEF)
☐ OVER-VALUATION
☐ UNEQUAL TREATMENT IN THE ASSESSMENT PROCESS

THE ASSESSMENT PLACED ON THE REAL PROPERTY FOR SAID TAX YEAR IS AS FOLLOWS:

LINES NO. 1 AND 2 BELOW MUST BE COMPLETED. (Information is available at the assessor's office)

1. By the Township Assessor:

LAND _____ IMPR. _____ FL _____ FB _____ TOTAL _____ INSTANT _____

2. Your Claim:

LAND _____ IMPR. _____ FL _____ FB _____ TOTAL _____ INSTANT _____

FACTS RELEVANT TO COMPLAINT: *Leased: Yes _____ No _____

Subject property is: _____ Apartment Building _____ Units _____ Owner Occupied
_____ Store, Office, Commercial Bldg _____ Rented
_____ Industrial _____ Monthly Rent \$ _____
_____ Vacant Land _____ Appraisal Enclosed

SECTION II**ADDENDUM for owned adjacent properties only**

Property ID Number (P.I.N)_____						
By the Assessor						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	
Complainant's Claim						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	

Property ID Number (P.I.N)_____						
By the Assessor						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	
Complainant's Claim						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	

Property ID Number (P.I.N)_____						
By the Assessor						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	
Complainant's Claim						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	

Property ID Number (P.I.N)_____						
By the Assessor						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	
Complainant's Claim						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	

Property ID Number (P.I.N)_____						
By the Assessor						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	
Complainant's Claim						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	

Property ID Number (P.I.N)_____						
By the Assessor						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	
Complainant's Claim						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	

Property ID Number (P.I.N)_____						
By the Assessor						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	
Complainant's Claim						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	

Property ID Number (P.I.N)_____						
By the Assessor						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	
Complainant's Claim						
LAND_____	IMPR_____	FL_____	FB_____	TOTAL_____	INST_____	

SECTION III THIS PAGE MUST BE SIGNED

By Submission of this Complaint, per Sec C:15 of the Board of Review Rules and Procedures (page 10), I agree to one of the following:

- A.) The complainant will be able to retrieve the Township Assessor and/or Taxing Body submitted evidence no less than five (5) business days prior to the hearing with the User ID and Password that was provided at the time of electronic submission.
- B.) If the complainant submits the complaint in person or via the U.S. mail, the hearing notice will include a User ID and Password with information on how to retrieve the evidence submitted by the Township Assessor and/or Taxing Body utilizing the portal. The evidence will be available no less than five (5) business days prior to hearing.

Complaint Portal access - BORCOMPLAINTS.WILLCOUNTYSOA.COM

☐

By checking the box, I acknowledge and understand this is the procedure to retrieve the Township Assessor and/or Taxing Body evidence for my complaint and **all hearing correspondence**.

Signature of Complainant or Attorney

Date

*If complainant is other than the owner, provide the following

Owner's Name: _____

Owner's Address: _____

You must prove either that (1) the market value assigned to your property is in error or (2) that the assessment on your property is higher than the assessment on similar properties in your area. Market value may be indicated by a recent sale of your property, recent sales of comparable properties, or an appraisal. **(SECTION IV MUST ALSO BE COMPLETED)**

SECTION IV**WILL COUNTY BOARD OF REVIEW
COMMERCIAL ASSESSMENT COMPLAINT**

PURCHASE DATE: _____ CONSTRUCTION DATE: _____
SALE PRICE: _____ TOTAL COST: _____
IMPROVEMENTS, ADDITIONS, CHANGES, (DATE): _____
DID YOU DO THE WORK YOURSELF? _____

Land Size: _____ Sq.Ft. or _____ Acres
Building Size: _____ Sq.Ft. No. of Floors _____ Sq.Ft. per Floor _____
Building Age: _____

CONSTRUCTION:

Frame _____ Brick _____ Masonry _____ Steel _____ Other _____
Basement: YES _____ NO _____ Please describe: _____

USE OF BUILDING: _____ MANUFACTURING SQ. FT. _____
_____ WAREHOUSING SQ. FT. _____
_____ OFFICE SPACE SQ. FT. _____
_____ OTHER SQ. FT. _____

**IF THE PROPERTY IS INCOME PRODUCING, SUBMIT AN INCOME AND EXPENSE
STATEMENT FOR THE LAST TWO (2) YEARS.**

If you have comparable sales, list them below. Sales should be within one year of the assessment date.

Date of Sale	Sale Price	P.I.N.	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IF YOU FEEL THE PROPERTY IS OVER-ASSESSED IN RELATION TO OTHERS. PLEASE LIST
BELOW:**

ADDRESS	P.I.N.	ASSESSMENT			
_____	_____	LAND _____	IMPR. _____	TOTAL _____	INSTANT _____
_____	_____	LAND _____	IMPR _____	TOTAL _____	INSTANT _____
_____	_____	LAND _____	IMPR. _____	TOTAL _____	INSTANT _____
_____	_____	LAND _____	IMPR _____	TOTAL _____	INSTANT _____

**YOU MUST SUBMIT PROPERTY RECORD CARDS OR ATTACH A DESCRIPTION OF EACH
PROPERTY SIMILAR TO YOUR OWN. IF POSSIBLE, PHOTOGRAPHS OF THESE SHOULD
BE SUBMITTED**

COMMERCIAL COMPLAINT COMPARABLES

SECTION V COMMERCIAL

Instructions starting on page 6

	Subject	Comp #1	Comp #2	Comp #3
Property Index Number (P.I.N.)				
Address				
Proximity to Subject				
(Cook County) Assessment Class				
(Cook County) Volume				
Total Land Sq. Ft.				
Total Building Sq. Ft.				
Age of Building(s)				
Land-to-Building Ratio				
Number of Buildings				
Number of stories				
Number of Apartments				
Apartment Mix				
Exterior Construction				
Sprinkler System				
Office Space Sq. Ft.				
Warehouse Sq. Ft.				
Date of Sale				
Sales Price				
Sales Price / Sq. Ft. (Sales Price / Impr. Sq. Ft.)				
Land Assessment				
Improvement Assessment				
Total Assessment				
Impr. Assessment per Sq. Ft. (Impr. Assessment / Impr. Sq. Ft.)				

INSTRUCTIONS FOR COMPARABLE SALES/ASSESSMENT GRID ANALYSIS FOR COMMERCIAL PROPERTIES

Note: Improvement and building are one in the same.

Property Index Number(P.I.N.)

Address - Address of your property and each comparable.

Proximity to Subject - How far from the subject property in blocks or miles.

Assessment Class –Not applicable for Will County.

Volume –Not applicable for Will County.

Total Land Sq Ft - Dimensions of your land.

Total Building Sq Ft- Dimensions of the building.

Age of Building(s)

Land to Building Ratio –

Number of Buildings – number of buildings on parcel.

Number of Stories – how many floors.

Number of Apartments – number of apartments in building.

Apartment Mix -

Exterior Construction - (Example: wood, brick, stone, etc.).

Sprinkler System – Yes or No, if yes what type.

Office Space Sq Ft –

Warehouse Sq Ft -

Date of Sale - Date property was purchased.

Sale Price - Price paid for your property and each comparable.

Sale Price per Sq ft – (Sale price ÷ improvement size).

Land Assessment - Assessed value of land determined by the assessor.

Improvement Assessment - Assessed value of the residence as determined by the assessor.

Total Assessment - Sum of land and improvements.

Improvement Assessment per Square Foot - Improvement assessment, divided by sq/ft of residence.