



**WILL COUNTY  
BOARD OF REVIEW  
Farm 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](http://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](http://WWW.WILLCOUNTYSOA.COM) OR BY LOGGING INTO  
[BORCOMPLAINTS.WILLCOUNTYSOA.COM](http://BORCOMPLAINTS.WILLCOUNTYSOA.COM) WITH YOUR USER ID AND  
PASSWORD.



WILL COUNTY BOARD OF REVIEW
FARM ASSESSMENT COMPLAINT

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

ATTACH ALL SUPPORTING DOCUMENTATION WITH PAPER/BINDER CLIPS

REAL PROPERTY ASSESSMENT COMPLAINT FOR THE YEAR \_\_\_\_\_

IF A 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 \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

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

SECTION II

Petition is hereby made to complain 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 Assessor:

LAND \_\_\_\_\_ IMPR. \_\_\_\_\_ FL \_\_\_\_\_ FB \_\_\_\_\_ TOTAL \_\_\_\_\_ INSTANT \_\_\_\_\_

2. Your Claim:

LAND \_\_\_\_\_ IMPR. \_\_\_\_\_ FL \_\_\_\_\_ FB \_\_\_\_\_ TOTAL \_\_\_\_\_ INSTANT \_\_\_\_\_

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

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

Owner's Address: \_\_\_\_\_

**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	
_____	_____	_____	_____	_____	_____	

**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 owner, provide the following

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

Owner's Address: \_\_\_\_\_

**PLEASE COMPLETE SECTION IV, V, VI, OR VII. (INSTRUCTIONS ON PAGE 6)**



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

**AFFIDAVIT OF HEARING WAIVER**

**(TO BE USED ONLY IF YOU WANT THE BOARD OF REVIEW TO RENDER A DECISION BASED ON THE DOCUMENTS YOU SUBMITTED AND YOU DO NOT WANT TO APPEAR AT A HEARING.)**

“OATH”

I am the owner of the above residential property and wish that the Will County Board of Review accept my assessment complaint, which has been filed and render a decision based on the evidence submitted with my assessment complaint. I also understand that the Board of Review may seek additional evidence from the Township Assessor, Supervisor of Assessments, or from other sources to be considered along with my complaint.

In addition, I acknowledge that no further complaint will be considered by the Board of Review once a notice is sent, but that I may complaint to the State Property Tax Complaint Board within thirty (30) days after the date and/or postmark of written notice of the Will County Board of Review’s decision.

Under penalty of perjury, I do solemnly swear that the statements made and the facts set forth in this affidavit and complaint are true and correct, as I verily believe; and if the Board of Review accepts my evidence as the basis for the assessment complaint, I hereby waive my request for a hearing.

**ALL EVIDENCE MUST BE SUBMITTED WITH THIS ASSESSMENT COMPLAINT AND WAIVER. PER RULE C:17d, NO ADDITIONAL EVIDENCE WILL BE ACCEPTED AFTER THE FILING DEADLINE OF THIS ASSESSMENT COMPLAINT.**

\_\_\_\_\_  
Signature of Complainant/Attorney

\_\_\_\_\_  
Date

**SECTION IV**

Which of the following assessments are you contesting?

Farm Land \_\_\_\_\_ Home site(Land) \_\_\_\_\_ Farm Buildings \_\_\_\_\_ Residence (House) \_\_\_\_\_

Tillable Land:	No. of Acres _____
Drainage ditches, ponds, borrow pits, flood plains:	No. of Acres _____
Permanent pasture and woodlands, power lines:	No. of Acres _____
	Total Acres _____

Home site size in feet (LxW) \_\_\_\_\_

If the home and site valuation is being contested, submit additional information on the house and a property record card.

Please furnish an FSA aerial map, available from the Farm Service Agency office in your county, listing the number of tillable and non-tillable acres and the crop yield allowed on your farm. Please furnish a soil map, if available, indicating the soil identifications for your farm or any others that you are using as comparables.

**BUILDINGS:** Please furnish a photograph of each individual building on your farm. The photograph(s) should be identified with; building size, date built, assessed value, and any additional pertinent data. Disregard if not contesting the value of improvements.

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If you feel the property is over-assessed in relation to others, list below.

Address	P.I.N.	Assessments				
_____	_____	Land _____	Impr. _____	FL _____	FB _____	Instant _____
_____	_____	Land _____	Impr. _____	FL _____	FB _____	Instant _____
_____	_____	Land _____	Impr. _____	FL _____	FB _____	Instant _____
_____	_____	Land _____	Impr. _____	FL _____	FB _____	Instant _____
_____	_____	Land _____	Impr. _____	FL _____	FB _____	Instant _____
_____	_____	Land _____	Impr. _____	FL _____	FB _____	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.

**SECTION V**

**NOTE: Provide at least three comparables in support of a market value or equity argument.** All comparables should be similar to the subject in size, design, age, amenities, and location. Photographs of the comparables should be submitted. (See Section VIII.)

	<b>Subject</b>	<b>Comp #1</b>	<b>Comp #2</b>	<b>Comp #3</b>
<b>Property Index Number (P.I.N.)</b>				
<b>Address</b>				
<b>Proximity to Subject</b>				
<b>Assessment Class (Cook County Only)</b>				
<b>Volume (Cook County Only)</b>				
<b>Total Land (Sq. Ft.)</b>				
<b>Design/Style</b>				
<b>Age</b>				
<b>Construction</b>				
<b>Living Area (Sq. Ft.)</b>				
<b>Basement Area (Sq. Ft.)</b>				
<b>Finished Basement Area (Sq. Ft.)</b>				
<b>Air Conditioning</b>				
<b>Fireplace</b>				
<b>Garage/Carport Area (Sq. Ft.)</b>				
<b>Site Improvements</b>				
<b>Date of Sale</b>				
<b>Sales Price</b>				
<b>Sales Price / Sq. Ft. (Sales Price / Impr. Sq. Ft.)</b>				
<b>Land Assessment</b>				
<b>Improvement Assessment</b>				
<b>Total Assessment</b>				
<b>Impr. Assessment per Sq. Ft. (Impr. Assessment / Impr. Sq. Ft.)</b>				

## INSTRUCTIONS FOR COMPARABLE SALES/ASSESSMENT GRID ANALYSIS

*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.

Design/Style - (Example: one story, one and one half story, two story, bi-level, etc.).

Age - Age of improvements.

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

Living Area - Total sq/ft of your residence (exclude garage, storage building, etc.).

Basement Area - Finished basement rooms, slab, partial, full - finished number of rooms.

Finished Basement area - Sq. Ft.

Air Conditioning - Yes or no; if yes, central or window.

Number of Fireplace - Yes or no; if yes, how many.

Garage/Car Port (sq ft) - Yes or no; if yes, attached or detached.

Site Improvements - (Example: shed, barn, pole barn, etc.).

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.