



***WILL COUNTY  
BOARD OF REVIEW  
Industrial  
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  
INDUSTRIAL  
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  
INDUSTRIAL 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**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**

# INDUSTRIAL COMPLAINT COMPARABLES

## SECTION V INDUSTRIAL

Instructions starting on page 6

	Subject	Comp #1	Comp #2	Comp #3
Property Index Number (P.I.N.)				
Address				
Proximity to Subject				
(Cook County) Volume/ Assessment Class				
Total Land Sq. Ft.				
Total Building Sq. Ft.				
Age of Building(s)				
Land-to-Building Ratio				
Number of Buildings				
Number of Stories				
Exterior Construction				
Office Space Sq. Ft.				
Warehouse Sq. Ft.				
Manufacturing Sq. Ft.				
Ceiling Height				
Loading Dock(s)				
Sprinkler System				
Site Improvements				
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 INDUSTRIAL 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.

Volume –Not applicable for Will County.

Total Land Sq Ft - Dimensions of your land.

Total Building Sq Ft-Dimensions of your building.

Age of Building(s)

Land to Building Ratio –

Number of Buildings – buildings on parcel.

Number of Stories – Number of floors.

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

Office Space Sq Ft –

Warehouse Sq Ft –

Ceiling Height –

Loading Dock(s) – Yes or No, if yes number of docks.

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

Site Improvements -

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.