



**WILL COUNTY
BOARD OF REVIEW**
Residential 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
RESIDENTIAL 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 (This section must be completed by all complainants for consideration by the Board).

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

Permanent Index Number (P.I.N.): _____ Township: _____

Address of Property _____

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

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 _____

This complaint is based on (**choose only ONE**):

_____ Recent Sale _____ Comparable Sales _____ Assessment Equity _____ Recent Construction

SECTION II

ADDENDUM for adjacent owned 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)

SECTION IV Complete this section if your residence was recently purchased (if the transaction occurred within 6 months of the assessment year).

READ CAREFULLY- ANSWER ALL QUESTIONS

Full consideration (Sale Price) \$ _____ Date of Sale _____
From whom purchased _____ Owner occupied _____ Yes _____ No
Is the sale of this single-family residence a transfer between family or related corporation? _____ Yes _____ No
Sold by owner, realtor, or at auction? _____ Was a commission paid? _____ Yes _____ No
Name of realtor firm _____ Agent _____
Was this property advertised for sale? _____ Listing period? _____
If so, in what manner? _____ Local Newspaper _____ Multiple Listing _____ Other, please specify _____
Was this property sold in settlement of: _____ Installment Contract _____ Contract or Deed _____ Foreclosure?
Was the seller's mortgage assumed? _____ Yes _____ No If yes, specify amount? \$ _____
Amount spent on renovating before occupying \$ _____ Date occupied _____
For upcoming year valuation, estimated market value of property after renovation? \$ _____

SECTION V

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 assessment 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 our 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, 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 COMPLAINT.

Signature of Complainant/Attorney

Date

SECTION VI — This form may be copied if additional comparables are used. (An appraisal can be substituted for completion of this section.)

INSTRUCTIONS ON PAGE 6

	Subject (your house)	Comp #1	Comp #2	Comp #3	Comp #4
Property Index Number (P.I.N.)					
Address					
Neighborhood Code					
Proximity to subject					
Total Land Sq. Ft.					
Design/Number of stories/Class					
Exterior Construction					
Number of Dwelling Units in Building					
Age of property					
Number of bathrooms					
Living area (square feet)					
Basement area-- Sq. Ft.					
Finished basement area -- Sq. Ft.					
Air conditioning (Yes or No)					
Number of Fireplaces					
Garage or car port (square feet)					
Other improvements					
Date of sale					
Sale price					
Sale price per square foot (Sale price / impr. size)					
Land assessment					
Improvement assessment					
Total assessment					
Improvement assessment per sq. ft. (Impr. Assmt. / Living Area (Sq. Ft.))					

Recent Construction Information on your residence

SECTION VII If your residence was constructed within 6 months of the assessment year, or if you have remodeled, added an addition, or other building to your home site within 6 months of the assessment year you are complaining, please complete the following questions:

What was the construction cost? \$ _____

Does this amount include all costs incurred by the construction, such as contractor's fee, architectural or engineering fees, landscaping of home site, and building permits? ☐ YES ☐ NO

If yes, you must supply a sworn Contractor's Affidavit or a written summary of the total cost to the Board of Review.

- Date when residence was substantially complete or initially used or occupied _____
- Date when remodeling was completed _____ or
- Date when addition or other building to your home site was completed

Did owner or member of your family act as the general contractor or subcontractor? _____

Was any non compensated or partially compensated labor performed? _____ If yes, how much? _____

INSTRUCTIONS FOR SECTION I

COMPLAINANT SECTION: Should reflect complainant's name, complete address and phone number. The Board of Review does not recognize tax consultants and realtors as representatives of the complainant. Only the complainant or the complainant's attorney's address is acceptable.

Complete and provide the following:

1. County Parcel Identification Number (PIN).
2. Address of property being complained, township.

Provide the valuations as indicated:

1. Complainant or attorney must sign the complaint form.
2. Indicate which page(s) have been completed.
3. If complainant is other than owner, provide name and complete address of owner.

INSTRUCTIONS FOR SECTION III

Address - Address of your property and each comparable.

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

Date of Sale - Date property was purchased.

Location - List subdivision or area where property is located.

Lot Size - Dimensions of your land.

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

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

Age of Property - Age of primary structure, approximate year it was built.

Condition - (Example: excellent, good, fair, poor, etc.) of your residence.

Room Count - Number of rooms in your residence.

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

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

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

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

Heating - What type? Gas, electric, etc.

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

Garage/Car Port - Yes or no; if yes, attached or detached.

Porches - Yes or no.

Pool - Yes or no; if yes, above ground, or in ground.

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.

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

Terms of Sale - Contract for deed, conventional, VA, etc.