



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

**BOARD OF REVIEW ASSESSMENT COMPLAINT DISCLOSURE FORM**

Pursuant to Illinois Compiled Statutes (765 ILS-405/1 & 2). This disclosure form is to verify that I am the tax payer of record for the below listed parcel number(s) which is declared under a real estate trust agreement.

Under penalties of perjury, I state that, to the best of my knowledge, the information completed in this trust disclosure form is true, correct, and complete.

**Parcel # (P.I.N.):** \_\_\_\_\_

**Owner(s) Name(s):** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

**Trust Name or Bank Trust Name:** \_\_\_\_\_

**Trust Number:** \_\_\_\_\_

**Trust Address or Bank Address:** \_\_\_\_\_

**Bank Telephone Number:** \_\_\_\_\_

**Signature of Beneficiary:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrative Clerk Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_