



**WILL COUNTY BOARD OF REVIEW
302 N. CHICAGO ST, 2ND 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.)**

PIN(s) _____

“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 will 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 appeal will be considered by the Board of Review once a notice is sent, but that I may appeal to the State Property Tax Appeal 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 appeal 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