



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

Verification of Authority to represent Owner(s) of Real Property

I, _____,

(print name/title of authorized property holder)

hereby authorize the following attorney to represent me in the assessment complaint(s) and hearing(s) before the Will County Board of Review for the 20_____ tax levy year. **This authorization is valid only for the current tax assessing levy year.**

Attorney (print first & last name) ARDC# _____

Name of Law Firm (print)

Law Firm's Address (print) IL _____

Email address (print) Telephone Number _____

Owner's Signature(s)

Owner's Phone Number

Date

Check applicable holder of ownership:

- | |
|---|
| <input type="checkbox"/> Owner of property
<input type="checkbox"/> Manager of LLC/ CORP./INC.
<input type="checkbox"/> Beneficiary/ Trustee of Trust
<input type="checkbox"/> Other _____ |
|---|

Permanent Index Number(s)

(For additional Parcels attach the official Addendum)



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Addendum**

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