



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

BOARD OF REVIEW COMPLAINT WITHDRAWAL

DATE: _____

PARACEL (S): _____

DOCKET: _____

APPELLANT: _____

Please be advised that as the appellant and/or attorney representing the aforementioned parcel index number(s), wish to withdrawal my Board of Review assessed valuation complaint for the year 20____. Therefore, I am requesting that no hearing be held.

Signature Appellant/Attorney

Copy: Board of Review
Township Assessor
Appellant/Attorney

Revised 7/20/2023