Complaint Form Checklist Before Filing:

It is the responsibility of the complainant to adhere to the Rules and Procedures set forth by the Winnebago County Board of Review with regard to Real Estate Assessment Complaints.

	Did you discuss your assessment concerns with your Township Assessor?
	Did you read the Board of Review Rules and Procedures?
	Did you completely fill out all applicable sections of your complaint form?
	Did you provide your mailing address on the complaint form?
	Did you sign your complaint form?
	Did you file the complaint by the deadline date? If you are mailing the
	complaint, be sure the postmark is on or before the deadline date.
	Did you provide the original and $\underline{2}$ copies of the Complaint form and $\underline{3}$
	copies of ALL written evidence? Did you retain a complete copy for your
	files?
	Did you include all the information you want the Board of Review to
	consider?
	Did you include your Requested assessed value in Section 2 on the
	Complaint Form?
	Did you include your <u>email address</u> for correspondence purposes?



2024 PROPERTY ASSESSMENT COMPLAINT FORM WINNEBAGO COUNTY BOARD OF REVIEW

404 Elm St. | Room 301 Rockford, IL 61101 bor@soa.wincoil.gov | (815) 319-4463

For Office Use Only
COM
Initials:

- 1. The assessment complaint process is governed by the Board of Review's Rules and Procedures, which can be found at https://wincoil.gov/departments/supervisor-of-assessments/board-of-review. The taxpayer is responsible for reviewing these rules prior to filing a complaint.
- 2. This form must be filed no more than 30 calendar days from the date of publication required under 35 ILCS 200/16-55.
- 3. The original complaint form must be submitted along with 2 additional copies and 3 copies of evidence.
- 4. All evidence must either accompany this complaint form or be submitted to this office no later than the following:
 - 25 calendar days after the complaint filing deadline for all Assessed Value Reduction requests of less than \$100,000. 45 calendar days after the complaint filing deadline for all Assessed Value Reduction requests of \$100,000 or greater.
- 5. Page 2 of this form may be used to list data regarding comparable properties that you want the Board to consider. The Board will only consider the first 5 Market Value comparisons and the first 10 Equity comparisons submitted.
- 6. Corporate taxpayers and owners must be represented by an attorney licensed to practice law in Illinois.
- 7. If the taxpayer requires an appearance before the Board but fails to appear, the complaint may be dismissed.

8. Questions about this form or the Board's Rules and Procedures may be directed to the Board office at (815)319-4463.								
Section 1: Property Identification								
Owner of Record: Parcel No								
Property Address:	Mailing A	Mailing Address:						
Property City, State, ZIP:	Mailing Ci	Mailing City, State, ZIP:						
Telephone number:	Email Add	Email Address:						
Note: All corporate owners/taxpayers must be represented by an attorney licensed to practice law in Illinois.*								
If property owner is being represented by an attorney, all correspondence pertaining to this complaint will be sent to the attorney of record.								
Attorney Name: Address:								
Firm Name: City, State, ZIP:								
Telephone:Email Address:								
Section 2: Property Valuation								
Check the basis upon which the complaint is being made: Overvaluation compared to Market Value Discrepancy in Physical Data Owner's estimate of Market Value of the property as of January 1st, 2024: \$								
	Farm Land	Farm Bldgs.	Land	Buildings	Total			
Current (2024) Assessed Value								
Requested Assessed Value Please Note: Any reduction request to the Assessed Value of \$33,333 or greater will automatically be scheduled for a Hearing before the Board. Any evidence received after the evidence filing deadline as noted in the instructions above will not be considered by the Board. Is an Assessed Value Reduction of \$33,333 to \$99,999 being requested? Yes No Is an Assessed Value Reduction of \$100,000 or greater being requested? Yes No Hearing Preference, for automatically scheduled hearings: Virtual In-person								
Section 3: Signature (by Person wi	th Standing to	File*) (Require	ed)					
Under penalty of perjury, by signing captioned property or the duly autiset forth in the foregoing complain	g this form, I a norized attorn	cknowledge tha ey for owner/ta	at I am the taxpay xpayer and that t	the statements m				
Taxpayer or Attorney* Signature	 Prin	t Name		 Date				

The Board of Review will consider only the first 5 sales comparables and the first 10 equity comparables.

Parcel No. ___ - __ -**Market Value Equity** Subject Comparable Comparable Comparable Comparable Comparable Property #1 #2 #3 #4 #5 **ADDRESS** Street # **Street Name** Parcel Number (PIN) Sale Price Sale Date Sale Price per Sq. Ft. Land Assessed Value **Building Assessed Value** Building AV per Sq. Ft. **Total Assessed Value** Total AV per Sq. Ft. Distance from subject Land size Style &/or # of Stories **Exterior Wall Covering** Year Built Baths Full / Half **Above Grade Living** Area **Finished Basement Area Central Air?** # of Fireplaces Garage (Sq. Ft. or # of cars) **Patio or Decks** Other (Pool, sheds etc.) **Notes on Subject** Notes on Comp #1 Notes on Comp #2 Notes on Comp #3 Notes on Comp #4 Notes on Comp #5 **Summary of Comparison**

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