

RETURN TO:
 Champaign County Board of Review
 102 East Main Street
 Urbana, IL 61801
 www.champaigncountyil.gov
 AppealsBoardofReview@champaigncountyil.gov
 (217)384-3758

FOR TAX YEAR 2026

PIN: _____
 List additional pins on page 2

**COMMERCIAL REAL ESTATE ASSESSMENT
 COMPLAINT FORM**

Docket # (Office use only) _____

Owner's Name: _____
 Township: _____
 PIN#: _____
 Property Address: _____
 City, Zip: _____
 Complainant Home/Cell#: _____
 Complainant Email Address: _____

Commonly Known As: _____
 Mail decision to (complete **only** if different from property owner/property address):
 Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Day Phone: _____
 E-mail: _____

WHAT DO YOU THINK A FAIR MARKET VALUE OF YOUR PROPERTY SHOULD BE?	PROPOSED PROPERTY ASSESSMENT
\$ _____ (Please Fill In—Your opinion of value as of January 1, 2026)	DIVIDED BY 3 = _____ (Please Fill In—What you think your assessment SHOULD be as of January 1, 2026)

Are you requesting a reduction of \$300,000.00 or more in market value? ____yes ____no

PLEASE SUBMIT 2 HARD COPIES OF APPEAL AND 2 COPIES OF EVIDENCE, AND 1 ELECTRONIC COPY OF BOTH. ELECTRONIC COPY FILE NAME *MUST* BEGIN WITH THE PRIMARY PARCEL PIN.

I am filing an assessment complaint because:

- I recently purchased this property for less than the current assessment. Purchase price \$ _____ Date _____
(Please submit a copy of the settlement sheet)
- I have an appraisal within the past 36 months that shows my assessment is too high. Appraised value \$ _____
(Please provide a copy of the appraisal)
- My property is listed for sale for less than the current assessment. List price \$ _____
(Please provide a copy of the listing).
- My assessment is higher than comparable properties in my neighborhood. Please attach evidence.
Is Property Rented?: Yes or No (If yes, state monthly rental \$ _____)
- Income Approach to Value (Refer to the Board of Review Rules).

If you list this property for sale after filing an assessment complaint, you MUST notify the Board of Review.

BOARD OF REVIEW USE ONLY

CURRENT ASSESSMENT		
LAND:	BUILDING:	TOTAL:

BOR ASSESSMENT		
LAND:	BUILDING:	TOTAL:

Please tell us about your property (required):

Present Use: ___Retail ___Office ___Industrial ___Vacant Land ___5+ Unit Apartment ___Other _____

Physical Information: # of stories above ground level _____ Year built _____ Condition: _____

Approximate square footage above ground: _____

Type of exterior: ___Vinyl ___Brick ___Wood ___Other: _____

Foundation: ___Crawl ___Slab ___Basement: ___full ___partial ___unfinished ___% finished

Parking: ___# cars ___open surface lot ___other: _____

Remodeling: Date of last remodel: _____ Approximate cost of remodel: \$ _____

If an apartment: Apartment count: 1BR ___ # of baths ___ rent/month _____

2 BR ___ # of baths ___ rent/month _____ 3 BR ___ # of baths ___ rent/month _____

4 BR ___ # of baths ___ rent/month _____ other ___ # of baths ___ rent/month _____

Please describe any mixed uses within the building (e.g. office/residential/retail, common area & amenities with percent of total space):

How much do you think your property would sell for today? \$ _____

List additional pin(s): _____

Oath: I do solemnly affirm that the statements made and the facts set forth in the foregoing complaint are true and correct to the best of my knowledge.

OWNER'S SIGNATURE _____

IF REPRESENTED BY AN ATTORNEY, OWNER'S SIGNATURE OR SEPARATE LETTER OF AUTHORIZATION IS REQUIRED, AND 2 COPIES OF AUTHORIZATION MUST BE SUBMITTED WITH THIS FILING. ATTORNEY MUST BE LICENSED IN ILLINOIS.

ATTORNEY or AGENT'S NAME _____ ATTORNEY or AGENT'S SIGNATURE _____

Phone: _____ Email: _____

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