

Stipulation of Assessment(s) by the Parties

Date: _____

Appellant(s): _____

Docket Number(s): _____

PIN(s): _____

Stipulated Assessment:

Land, Improvement, and Total assessments **must** be completed for **each** parcel. Multiple parcels must be completed on page 2 or on multiple pages and the **aggregate figure indicated below**.

Docket	PIN	Land	Improvement	Total
TOTAL				

ACCEPTED:

The undersigned have reviewed the file in the above-captioned matter and find that the assessments should be adjusted. The parties further agree that the **"Stipulated Assessment(s)"** should be applied in the Board of Review's decision.

Acceptance for Appellant/Attorney

Acceptance for Board of Review

Acceptance for Intervenor

Acceptance for Board of Review

Acceptance for Intervenor

Acceptance for Board of Review

Dissenting:

Acceptance for TA: _____

Date: _____

Address: _____

Dissenting Board of Review Member/Commissioner

Please submit original stipulation by mail or email to the following address(s).

Champaign County Board of Review
102 E. Main St.
Urbana, IL 61801
BoardofReviewAppeals@champaigncountyil.gov

