

RETURN TO:
Champaign County Board of Review
Champaign County
1776 East Washington Street
Urbana, IL 61802-4581
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(217)384-3758

FOR TAX YEAR 2024

PIN: _____

List additional pins on page 2

COMMERCIAL REAL ESTATE ASSESSMENT COMPLAINT FORM

Docket # (Office use only) _____

Owner's Name: _____

Commonly Known As: _____

Township: _____

Mail decision to (complete **only** if different from property owner/property address):

PIN#: _____

Name: _____

Property Address: _____

Mailing Address: _____

City, Zip: _____

City, State,

Zip:

Day Phone: _____

Complainant Home/Cell#: _____

E-mail _____

Complainant Email Address: _____

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, 2024)

DIVIDED BY 3 = _____
(Please Fill In—What you think your assessment SHOULD be as of January 1, 2024)

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 24 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 \$ _____)

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 _____

Economic Information:

Gross income in 20___ _____

Total expenses in 20___ (exclude any mortgage payment, interest and depreciation) _____

Please describe any improvements and/or additions you have made in the past 2 years:

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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