

**APPLICATION FOR ABATEMENT OF REAL ESTATE TAX ASSESSMENT DUE TO INVOLUNTARY DAMAGE
OR DESTRUCTION OF A STRUCTURE**

*****Please attach the summary page from your insurance company showing either the dollar amount or percentage of destruction.**

To: CHAMPAIGN COUNTY BOARD OF REVIEW PIN# _____

1776 E. Washington Street

Urbana, IL 61802-4581 (217) 384-3758

Date of Application: _____ Day Phone: _____

Name of Owner: _____

Property Address : _____

Owner' Mailing Address (if different): _____

The owner(s) of the above referenced property hereby notifies the BOARD OF REVIEW that the described buildings were damaged or destroyed by ACCIDENTAL means and rendered uninhabitable and/or unfit for customary use on:

Date of Destruction: _____ Cause of Destruction (fire, wind): _____

Percent (%) of Destruction: _____ Is the structure uninhabitable? _____

If a residence, occupant(s) moved out from _____ to _____

Describe building or structure: _____ Describe Damage: _____

Will Building(s)/structure(s) be rebuilt or repaired? _____

Estimate date of completion: _____

(Please notify the Board of Review of actual date if it varies more than 10 days from the estimate.)

Name of fire department if damage was due to fire: _____

The undersigned owner(s) requests a prorated reduction in the assessed value of the above described property from the date of the damage/destruction to the date occupation/reuse.

Owner

Owner

For Office Use Only

_____ Approved _____ Denied on: _____ by _____

Adjusted AV Abate: _____% for _____ days

Lot _____

FL _____

Bldg. _____

FB _____

Total _____