

De Kalb County  
Chief County Assessment Office  
110 East Sycamore Street  
Sycamore, IL 60178  
(815)895-7120



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## Board of Review Filing Checklist

- Completed all applicable sections of appeal form
- Signed and dated appeal form
- If filing for a parcel and are neither owner nor taxpayer, letter of authorization signed by owner or taxpayer is included
- Included all evidence for board to consider
- If necessary, when submitting complaint complete a "Request for a 10 Day Extension for the Submission of Evidence"
- Included the Appellant's claim of assessed value as of January 1, 2016
- Submitted the original and 3 copies of all documentation and supporting evidence to Chief County Assessment office or by mail on or before deadline.
- For Formal Hearings:** If the township assessor wishes to submit evidence to the Board of Review to prove their case, they must forward this evidence to you 5 days prior to the hearing. This needs to be done either by mail or email. Please submit your email address:\_\_\_\_\_.

**FILING SUBMISSION DEADLINE:** \_\_\_\_ **October 17, 2016**\_\_\_\_\_

**DEKALB COUNTY BOARD OF REVIEW  
 ADMINISTRATION BUILDING  
 110 E SYCAMORE ST., SYCAMORE, IL 60178  
 TELEPHONE: (815) 895-7120**

BOR DOCKET NO.:	_____
100K?	_____
RECEIVED BY:	_____
DOCKETED BY:	_____
<b>(FOR OFFICE USE)</b>	

**COMMERCIAL/INDUSTRIAL ASSESSMENT APPEAL FOR 2016 ASSESSMENT YEAR**

County Property Index Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Property Address:

_____		_____		_____		_____	
Street		City		State		Zip Code	
Appellant's (Owner's) Name _____				Attorney or Agent for Appellant (if applicable) _____			
Mail to _____				Address _____			
City _____		State _____		Zip Code _____		City _____	
State _____		Zip Code _____		State _____		Zip Code _____	
Telephone _____		Email Address _____		Telephone _____		Email Address _____	

If represented by an agent, a separate Authorization Form is required (See attached form)

Do you own contiguous or multiple parcels?  Yes  No

**PLEASE SELECT THE TYPE OF HEARING YOU WOULD LIKE: *If neither box is checked or if both boxes are checked, the Board of Review will NOT schedule a hearing.***

- I would like the Board of Review to make its decision based on the evidence provided (no oral hearing necessary).
- I would like to present my case in person at a hearing. (Note: Location, date, and time will be determined by the Board of Review. Due to time restrictions, the hearing day or time cannot be rescheduled)

**REASON FOR APPEAL: (If space is not sufficient, attach additional pages)** \_\_\_\_\_

In your opinion, what is the market value of your property as of January 1st? \$ \_\_\_\_\_

Was a Board of Review complaint filed in the prior year?  Yes  No

Are there any outstanding Property Tax Appeal Board complaints on this parcel?  Yes  No

If so, for what year(s)? \_\_\_\_\_

**THE APPELLANT'S CLAIM OF ASSESSED VALUE MUST BE COMPLETED IN ORDER TO PROCESS THE APPEAL.**

**2016 EQUALIZED ASSESSED VALUE**

Farm Land:	_____
Farm Bldg:	_____
Urban Land:	_____
Urban Bldg:	_____
Total:	_____

**APPELLANT'S CLAIM OF ASSESSED VALUE AS OF JANUARY 1, 2016**

Farm Land:	_____
Farm Bldg:	_____
Urban Land:	_____
Urban Bldg:	_____
Total:	_____

Are you requesting a decrease in assessed value of \$100,000 or more?  Yes  No

**This appeal is based on (You must check one or more boxes.):**  Comparable Assessments  Comparable Sales  
 Recent Sale  Recent Construction Costs  Recent Appraisal  Income

**Pursuant to 765ILCS 405, all appeals on properties held in a land trust must be accompanied by a letter from the trustee disclosing the names of persons or entities having a beneficial interest in said property. Failure to comply with this provision will result in dismissal of this appeal.**

**OATH:** I have read and understand the DeKalb County's Board of Review Rules. (<http://dekalbcounty.org/BoardofReview/pdfs/RulesProcedures.pdf>) I do solemnly confirm that, to the best of my knowledge, the statements and facts set forth in the foregoing appeal are true and correct.

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Original Signature)

**Page 1 of 2 pages. Page 2 must be completed.**

**DEKALB COUNTY BOARD OF REVIEW  
2016 ASSESSMENT APPEAL**

**Comparable Sales/Assessment Equity Grid Analysis**

This form was developed to assist the taxpayer when filing an appeal based on Fair Cash Value or Assessment Equity. When completing the grid, use only properties that are similar to the subject property in size, story type, age, condition, etc.

**It is not necessary to complete this grid if you are submitting an appraisal report.**

	Subject (your property)	Comp #1	Comp #2	Comp #3
Parcel Number				
Address				
Proximity to Subject				
Lot Size				
Design/Number of Stories				
Exterior Construction				
Age of Property				
Condition of Property				
Number of Bathrooms (full bath/half bath)				
Number of Bedrooms				
Living Area (Square Feet) (at or above grade)				
Basement (Y or N); Walk-out/Look out (Y or N) Finished Area (Sq Ft)				
Air Conditioning				
Fireplace				
Garage or Car Port				
Other Improvements				
Date of Sale				
Sale Price				
Sale Price Per Square Foot				
Land Assessment				
Building Assessment				
Total Assessment				
Assessment per sq foot= (Bldg Asmnt/Bldg sq ft)				



**AUTHORIZATION TO REPRESENT OWNER(S) OF  
REAL PROPERTY BEFORE THE  
DEKALB COUNTY BOARD OF REVIEW**

The undersigned person(s) hereby grants authority to

\_\_\_\_\_ \*\*\* to represent them in the

Assessment hearing(s) before the DeKalb County Board of Review

for the 2016 assessment year for the following parcels.

Permanent Index Numbers:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Owner's Signature  
(need original signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature  
(need original signature)

\_\_\_\_\_  
Date

\*\*\* Only a taxpayer, owner of property (or attorney representing owner), a party with a beneficial interest or a taxing district impacted by the appeal may file an appeal with the Board of Appeal