

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



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: _____
 (FOR OFFICE USE)

RESIDENTIAL ASSESSMENT APPEAL FOR 2016 ASSESSMENT YEAR

County Property Index Number: _____ - _____ - _____ - _____

Property Address: _____
 Street City State Zip Code

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

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

Was there a Board of Review appeal or State appeal filed on this parcel in the previous year? Yes No

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 (Check one or more boxes.): Comparable Assessments Comparable Sales Recent Sale
 Recent Construction Costs Recent Appraisal Other _____

SECTION I – RECENT SALE INFORMATION

Complete this section if your residence was recently purchased

Full Consideration (Sale Price) \$ _____ Date of Sale _____ / _____ / _____
 Recorded Document Number _____ Date Recorded _____ / _____ / _____
 Was this a Contract Sale? Yes No. *If Yes, provide complete copy of contract.*

SECTION II – RECENT CONSTRUCTION INFORMATION ON YOUR RESIDENCE

If your residence was constructed or remodeled within the past two (2) years a detailed listing of all costs must be provided.
 Date Construction completed: _____

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)

**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