



Commercial/Industrial Assessment Complaint for 2024 Page 1 of 3

Docket No.

Boone County Board of Review

1208 Logan Avenue Belvidere, Illinois 61008 (815) 544-2958

www.boonecountyil.gov/government/departments/assessment office/board of review

- 1. The assessment complaint process is governed by the Board of Review's Rules and Procedures, which can be found at www.boonecountyil.gov/government/departments/assessment office/board of review. The taxpayer is responsible for reviewing these rules prior to filing a complaint.
- 2. This form must be filed no more than 30 days from the date of publication required under 35 ILCS 200/12-10.
- 3. All evidence must accompany this complaint form. The Board will not accept additional written documentation after the filing is made except as provided in the Rules and Procedures.
- 4. Corporate taxpayers and owners (including LLCs) must be represented by an attorney licensed to practice law in Illinois.
- 5. If the taxpayer asks for an appearance before the Board but fails to appear, the complaint shall be dismissed.
- 6. Questions about this form or the Board's Rules and Procedures may be directed to the Board office at (815) 544-2958.

Section 1: Property Identification (required) Mailing Address: Mailing Address: Zip:												
Property Address: Property City, State, Zip: Property City, State, Zip: Daytime Telephone: Check All that apply by Owner Tenant(s) Note: All corporate owners/taxpayers must be represented by an attorney licensed to practice law in Illinois. If owner/taxpayer is represented by an attorney licensed to practice law in Illinois. If owner/taxpayer is represented by an attorney licensed to practice law in Illinois. If owner/taxpayer is represented by an attorney licensed to practice law in Illinois. If owner/taxpayer is represented by an attorney licensed to practice law in Illinois. If owner/taxpayer is required; otherwise, the complaint will be returned.) Attorney Name: IL ARDC Registration No.: Firm name Address: City, State, Zip: Section 2: Oath (required) I swear or affirm that: • I am the taxpayer of record or owner for the above-captioned property, or the duly authorized attorney for owner/taxpayer; and • If I am the attorney for the owner/taxpayer, I have attached a property executed power of attorney; and • Check if applicable: I am seeking a reduction of \$100,000 or more of equalized assessed value, and I understand that local taxing districts will be notified of this complaint and given opportunity to intervene in the proceedings; if this box is not checked, I hereby waive the right to a reduction of \$100,000 or more at the Board of Review for this taxable year. Taxpayer or attorney signature Print Name Date	Section 1: Property Identification		ification	Owner of Record								
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Taxpayer or attorney signature												
	hereby waive th	e right to	a reductio	on of \$100	0,000 o	r more at	t the Boar	d of Review fo	r this taxabl	e year.		
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	Taxpayer or attorney signature		nature]	Print Name				Date				
E-mail Address: @	1 0											
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Section 3: Reason	Section 3: Reason for Assessment Complaint (required) Check all that apply								
☐ 1. Overvaluation My property's Equalized Assessed Valuation (EAV) is greater than 1/3 of its Fair Cash Value (must provide at least three comparable sales in Section 4 and/or attach complete appraisal report). ☐ 2. Equity My property's Equalized Assessed Valuation (EAV) is greater than the 2024 EAVs of other									
comparable properties in the neighborhood (must provide at least three comparable properties in Section 5). 3. Discrepancy in Physical Data My property's Equalized Assessed Valuation (EAV) was based on a property record card description that contains a discrepancy from the actual physical data for my property (must attach explanation of discrepancy and state the valuation sought).									
under one of the preattach brief describ	4. Preferential Assessment My property's Equalized Assessed Valuation (EAV) qualifies for assessment under one of the preferential assessment categories under Article 10 of the Illinois Property Tax Code (must attach brief describing qualifications for special assessment and valuation sought).								
financed).	vry property was rec	ently purchased (mu	st provide closing st	atement and appraisa	11, 11				
Section 4: Taxpayo	er Opinion of Corro	ect Assessment (req	uired)						
	All eviden	ce should be attached	d and opinion provid	ed below					
Complainant will submit evidence and requested valuation before final filing deadline at Supervisor of Assessments Office, 1208 Logan Avenue, Belvidere, IL 61008, or by email bor@boonecountyil.gov									
Assessed values as of January 1, 20 (Assessed value is 33.33% of market value)									
	Assessor	(County	I	Requested Values				
Land	Assessor	Land	County	Land	Requested Values				
Land Improvement	Assessor		County		Requested Values				
	Assessor	Land	County	Land	Requested Values				
Improvement	Assessor	Land Improvement	County	Land Improvement	Requested Values				
Improvement Farm Land Farm Improvement Total		Land Improvement Farm Land	County	Land Improvement Farm Land	Requested Values				
Improvement Farm Land Farm Improvement		Improvement Farm Land Farm Improvement	County	Improvement Farm Land Farm Improvement	Requested Values				
Improvement Farm Land Farm Improvement Total		Improvement Farm Land Farm Improvement	County	Improvement Farm Land Farm Improvement	Requested Values				
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Improvement Farm Land Farm Improvement Total		Improvement Farm Land Farm Improvement	County	Improvement Farm Land Farm Improvement	Requested Values				

Section 5: Evidence

Instructions:

- 1. Comparable sales from 2021, 2022, and/or 2023 are required for all assessment complaints based on **Overvaluation**.
- Comparable properties from 2024 are required for all assessment complaints based on Equity.
 Instructions for filling out this form are available
- 3. Instructions for filling out this form are available www.boonecountyil.gov/government/departments/assessment office/board of review
- 4. Please use at least three comparable properties; if you wish to submit more, please use additional pages.

	Subject	Comparable 1	Comparable 2	Comparable 3
	Subject	Comparable 1	Comparable 2	Comparable 3
Parcel Number				
Address				
Duran autor Tour				
Property Type				
Exterior Material				
Land Area				
Number of Units				
rumber of Cints				
Year Built				
Building (Sq.Ft.)				
	Provide sale inform	ation if complaint is bas	sed on Market Value	
Sale Price				
Sale Date				
Sale Price/SF				
Sale Price/SF - Land				
Sale I Tice/SF - Land				
Sale Price/SF - Building	Dravida assessed value	tions from 2024 if some	laint is based on Equity	
	Proviae assessea vaiua	uons jrom 2024 ij comp	laint is based on Equity	
Land				
Land Value / SF				
Buildings Value(s)				
Building Value(s) / SF				
Farm Land				
Farm Buildings				
Total EAV				
	Comments on Comp	parables (use additional	sheets if necessary)	