

RETURN TO:  
Champaign County Board of Review  
Champaign County  
1776 East Washington Street  
Urbana, IL 61802-4581  
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FOR TAX YEAR 2023

PIN: \_\_\_\_\_

COMMERCIAL REAL ESTATE ASSESSMENT COMPLAINT FORM

Docket # (Office use only) \_\_\_\_\_

NOTE: A SEPARATE COMPLAINT MUST BE FILED ON EACH PIECE OF PROPERTY

Owner's Name: \_\_\_\_\_

DBA (if different) \_\_\_\_\_

Township: \_\_\_\_\_

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

PIN#: \_\_\_\_\_

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Complainant Home/Cell#: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Complainant Email Address: \_\_\_\_\_

E-mail \_\_\_\_\_

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, 2023)

DIVIDED BY 3 = \_\_\_\_\_  
(Please Fill In—What you think your assessment SHOULD be as of January 1, 2023)

Are you requesting a reduction of \$300,000.00 or more in market value? \_\_\_\_yes \_\_\_\_no

**PLEASE SUBMIT 2 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 \$ \_\_\_\_\_)

Have you recently tried to sell this property?: Yes or No (If yes, date offered \_\_\_\_\_ Amount \$ \_\_\_\_\_)

If you list this property for sale after filing an assessment complaint, you **MUST** notify the Board of Review.

CURRENT ASSESSMENT

LAND:

BUILDING:

TOTAL:

BOARD OF REVIEW USE ONLY: 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? \$ \_\_\_\_\_

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**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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