

**RETURN TO:**  
**Champaign County Board of Review**  
 Champaign County  
 1776 East Washington Street  
 Urbana, IL 61802-4581  
 www.co.champaign.il.us  
 bor@co.champaign.il.us (217)384-3758

**FOR TAX YEAR 2024**

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

List additional pins on page 2

**COMMERCIAL REAL ESTATE ASSESSMENT COMPLAINT FORM**

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

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

Commonly Known As: \_\_\_\_\_

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

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

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

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

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

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

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

City, State,

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

Zip: \_\_\_\_\_

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, 2024)

**DIVIDED BY 3 =** \_\_\_\_\_  
 (Please Fill In—What you think your assessment SHOULD be as of January 1, 2024)

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

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

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

**BOARD OF REVIEW USE ONLY**

**CURRENT ASSESSMENT**

LAND:

BUILDING:

TOTAL:

**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? \$ \_\_\_\_\_

List additional pin(s): \_\_\_\_\_

**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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