

NEW TRIER TOWNSHIP ASSESSOR'S OFFICE

2020 GUIDE TO FILING A PAPER APPEAL WITH THE COOK COUNTY BOARD OF REVIEW

1. Go to the Board of Review's website: cookcountyboardofreview.com. If you do not have computer access or computer printing capability, then call the New Trier Township Assessor's office at 847-446-8200. Be sure to leave your name, address, telephone number, and your request for a paper appeal form. We will mail the form to you or you can make arrangements to pick up the form at the New Trier Township's offices, 739 Elm Street, Winnetka, IL 60093. Always call first to be sure we will be here when you wish to arrive. Presently, due to Covid19, the public is not allowed in the Township offices.
2. Assuming that you have computer printing capabilities, go to the Board of Review's website: cookcountyboardofreview.com; and click on "Forms."
3. On the next page, click on "Complaint Form."
4. You can complete the Complaint form by typing in the information (see Sample attached) or you can print out the blank form and handwrite in the requested information. If you type in the information on the form, you must then print the completed form and mail it together with a list of your comps or other evidence to the Cook County Board of Review at the address shown on the second page of the attached Sample.
5. There are some particular points on the Complaint form that you should pay particular attention to:
 - A. If you purchased the property on or after January 1, 2017 you must state the date of purchase and the purchase price;
 - B. If you plan to submit additional evidence later, be sure to check the "yes" box;
 - C. If you want a hearing, be sure to check the "I REQUEST A HEARING ..." box;
 - D. Do not list your comps on the five blank lines in the far right column. You must write your comps on a separate paper and attach it to the Complaint form together with any other evidence you wish to submit. Be sure that your PIN is on each page you attach.
 - E. Do not forget to sign the Complaint form.

MICHAEL M. CABONARGI, COMMISSIONER DAN PATLAK, COMMISSIONER LARRY R. ROGERS, JR., COMMISSIONER
Sample

TYPE OR PRINT ALL INFORMATION. COMPLY WITH BOARD RULES AND REGULATIONS IN FILLING OUT THIS FORM.

Name of Appellant: Mary Resident
 Address of Appellant: 1234 Any Street
 City: Wilmette State: IL Zip: 60091
 Phone: 847.256-XXXX Fax No: _____
 Email Address: XXXXX@XXXXX.COM

Address: SAME AS ABOVE LOCATION AND IDENTIFICATION OF REAL ESTATE

Permanent Index Number: 05-01-100-001-0000 City: _____ Township: _____
 Description of Property: Single Family 6 Apts. or Less Over 6 Apts Condo/Co-op
 Commercial/Industrial Vacant Land Townhome Other
 If purchased on or after January 1, 2017: Year Purchased: older Purchase Price \$ N/A

STATUS OF APPELLANT
 Owner Former Owner Liable for Tax Tenant Liable for Tax Taxing Body or Taxpayer Alleging Underassessment
 Beneficiary of Trust Executor Other (Explain): _____

The undersigned Appellant states that the above described real estate is OVERASSESSED by the Assessor of Cook County for the year 2020
 Do you plan to submit additional evidence? Yes No If yes, check box.

I REQUEST A HEARING BEFORE THE COOK COUNTY BOARD OF REVIEW, 118 N. CLARK ST., CHICAGO

NOTICE TO APPELLANT: If you requested a hearing, you will be notified by mail of the time and place of your hearing. You must be prepared at that time to present any evidence in support of your claim. Please see the rules of the Board which govern all appeals. If you do not request a hearing, your complaint will be adjudicated based on the written evidence submitted on your behalf and information available to the Board of Review.

The undersigned states that he/she has read the above complaint, has personal knowledge of the contents thereof, and the same is true in substance and in fact, and further so certifies under the penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure.

ATTORNEY'S CERTIFICATION: I, _____ ATTORNEYS ONLY _____
 ATTORNEY'S NAME (PRINTED OR TYPED) SIGNATURE OF APPELLANT OR ATTORNEY
 LAW FIRM

LAW FIRM ADDRESS CITY ZIP PHONE certify that I have obtained from

APPELLANT TITLE OR POSITION (1) explicit authorization to file this 2020 assessment complaint and (2) the

Appellant's assurance that I am the only attorney so authorized.
 Attorney fax number Attorney signature Board Atty Code

BOARD OF REVIEW ORIGINAL

COMPLAINT NO. _____
 Received & Checked by: _____
 List in ascending order all additional Permanent Index Numbers of related parcels of the property owned by Appellant.

DO NOT LIST COMPARABLES BELOW

1. _____
2. _____
3. _____
4. _____
5. _____

Notes: D

A list of comps or other evidence must be attached to this form

IMPORTANT NOTICE

The Cook County Board of Review is a quasi-judicial office. Only licensed attorneys and individual taxpayers representing themselves may practice before the Board. Board Rule 1. Non-attorneys may not complete complaint forms or present an appeal on a taxpayer's behalf before the Board because it is considered the unauthorized practice of law. In Re Yamaguchi, 118 Ill.2d 417 (1987). Any complaint completed or presented by a non-attorney in the course of representation of a taxpayer may be denied or voided for lack of jurisdiction.

PLEASE MAIL FORM(S) TO:
COOK COUNTY BOARD OF REVIEW
118 N. CLARK STREET ROOM 601
CHICAGO, IL 60602

PLEASE WRITE
“COMPLAINT FORM”
ON THE ENVELOPE