

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 its Fair Cash Value (must provide at least three sale comparables in Section 4 and/or attach complete appraisal report; see Rule D of *Rules and Procedures*).
- 2. **Equity** My property's Equalized Assessed Valuation (EAV) is greater than the 2017 EAVs of other comparable properties in the neighborhood (must provide at least three EAV comparables in Section 4; see Rule E of *Rules and Procedures*).
- 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 must state the valuation sought; see Rule F of *Rules and Procedures*).
- 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; see Rule G of *Rules and Procedures*).

Section 4: Sale Comparables/EAV Comparables

INSTRUCTIONS:

1. Sale comparables from 2014, 2015, and/or 2016 are required for all assessment complaints based on **Overvaluation**.
2. EAV comparables from 2017 are required for all assessment complaints based on **Equity**.
3. Instructions for filling out this form are available at www.KaneCountyAssessments.org/AssessmentComplaint.html.
4. Please use at least three comparables; if you wish to submit more, please use additional pages.

	Subject	Comparable 1	Comparable 2	Comparable 3
Parcel Number	_____	_____	_____	_____
Address	_____	_____	_____	_____
Land Sq. Ft.	_____	_____	_____	_____
House Style	_____	_____	_____	_____
Exterior Construction	_____	_____	_____	_____
Age	_____	_____	_____	_____
# Baths	_____	_____	_____	_____
Living Area Sq. Ft.	_____	_____	_____	_____
Basement SF/Finish SF	_____	_____	_____	_____
# Bedrooms	_____	_____	_____	_____
# Fireplaces	_____	_____	_____	_____
Garage/Parking Spaces	_____	_____	_____	_____
Other Improvements	_____	_____	_____	_____
<i>Sale Comparables from 2014, 2015, and/or 2016 (if complaint based on Overvaluation)</i>				
Sale Price	_____	_____	_____	_____
Sale Date	_____	_____	_____	_____
<i>Equalized Assessed Valuation Comparables from 2017 Values (if complaint based on Equity)</i>				
Land	_____	_____	_____	_____
Buildings	_____	_____	_____	_____
Farm Land	_____	_____	_____	_____
Farm Buildings	_____	_____	_____	_____
Total EAV	_____	_____	_____	_____

Comments on Comparables (use additional sheets if necessary).

Section 5: Taxpayer Opinion of Correct Assessment (required)

- All evidence attached and opinion provided at right →
- Opinion unknown; complainant will submit evidence and requested valuation amount no later than 14 days after the final filing deadline for this property at www.KaneCountyAssessments.org.

Land	_____
Buildings	_____
Farm Land	_____
Farm Buildings	_____
Total Assessment	_____
Level of Assessment	÷ 33.33%
Fair Cash Value	_____