

Return To:
Supervisor of Assessments
110 W Water St, Suite 2
Pontiac, IL 61764

Docket No. _____

**LIVINGSTON COUNTY BOARD OF REVIEW
INDUSTRIAL APPEAL FORM**

Property Number: _____

Property Address: _____

Name of Owner: _____ Phone Number _____

Mailing Address: _____

REASON FOR COMPLAINT:

1. The property was assessed twice for year _____.
2. Assessment is (higher/lower) than comparable property.
3. Percentage used to determine assessed value is (higher/lower) than that used in determining assessed value of other property.
4. Property was exempt on January 1, _____.
5. The property was not taxable on January 1, _____.
6. Assessor has not jurisdiction to assess property and the assessment, if any, should be made by _____.

ANY FURTHER FACTS ABOUT THE PROPERTY _____

PICTURE OF PROPERTY:

COMPLAINANT

Dated this _____ Day of _____, _____

Address to which Notice of Hearing should be sent: _____

OATH:

I do solemnly swear that the statement made and the facts set forth-in the forgoing complaint are true and current as I verily believe.

SIGN HERE: _____

Land: Number of Acres _____ Full Value per Acre _____ Total Value _____

Was the land purchased with improvements? _____ Yes _____ No

If yes, when was it purchased? _____

Selling Price per Acre: _____

Total Selling Price: _____

Buildings: Square Footage of Building _____ Age of Building _____

List the use of the building, and the square footage attributable to that use:

Manufacturing _____ Square Footage _____

Warehousing _____ Square Footage _____

Office Space _____ Square Footage _____

Other _____ Square Footage _____

If there is more than one building, provide the following information:

Building #1 Age _____ Size _____ Use _____

Building #2 Age _____ Size _____ Use _____

Building #3 Age _____ Size _____ Use _____

Building #4 Age _____ Size _____ Use _____

Building #5 Age _____ Size _____ Use _____

Building #6 Age _____ Size _____ Use _____

Building #7 Age _____ Size _____ Use _____

Building #8 Age _____ Size _____ Use _____

***Note - If the building is new, provide proof of construction costs.**

What is your opinion of the fair market value of the building(s)? _____

What is your opinion of the fair market value of the total property? _____

If you feel the property is over assessed in relation to others, please list them below:

Parcel Number	Address	Assessment	
1. _____	_____	Land_____	Bldg_____
2. _____	_____	Land_____	Bldg_____
3. _____	_____	Land_____	Bldg_____

Comments:

Do Not Write Below This Line

For Office Use Only

Assessment Before BOR: Land_____ Building_____ Total_____

Board of Review Decision: _____

Assessment After BOR: Land_____ Building_____ Total_____