



# 2023 PROPERTY ASSESSMENT COMPLAINT FORM WINNEBAGO COUNTY BOARD OF REVIEW

404 Elm St. | Room 301  
Rockford, IL 61101  
[bor@soa.wincoil.gov](mailto:bor@soa.wincoil.gov) | (815) 319-4463

For Office Use Only

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Initials: \_\_\_\_

## Instructions

- The assessment complaint process is governed by the Board of Review's Rules and Procedures, which can be found at <https://wincoil.gov/departments/supervisor-of-assessments/board-of-review>. The taxpayer is responsible for reviewing these rules prior to filing a complaint.
- This form must be filed no more than 30 calendar days from the date of publication required under 35 ILCS 200/16-55.
- The original complaint form must be submitted along with 2 additional copies and 3 copies of evidence.
- All evidence must either accompany this complaint form or be submitted to this office no later than the following:  
**25 calendar days after the complaint filing deadline for all Assessed Value Reduction requests of less than \$100,000.**  
**45 calendar days after the complaint filing deadline for all Assessed Value Reduction requests of \$100,000 or greater.**
- Page 2 of this form may be used to list data regarding comparable properties that you want the Board to consider. The Board will only consider the first 5 Market Value comparisons and the first 10 Equity comparisons submitted.
- Corporate taxpayers and owners must be represented by an attorney licensed to practice law in Illinois.
- If the taxpayer requires an appearance before the Board but fails to appear, the complaint may be dismissed.
- Questions about this form or the Board's Rules and Procedures may be directed to the Board office at (815)319-4463.

### Section 1: Property Identification

Owner of Record: \_\_\_\_\_ Parcel No. \_\_\_\_\_

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

Property City, State, ZIP: \_\_\_\_\_ Mailing City, State, ZIP: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Note: All corporate owners/taxpayers must be represented by an attorney licensed to practice law in Illinois.**

If property owner is being represented by an attorney, all correspondence pertaining to this complaint will be sent to the attorney of record.

Attorney Name: \_\_\_\_\_ Address: \_\_\_\_\_

Firm Name: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Section 2: Property Valuation

Check the basis upon which the complaint is being made:

- Overvaluation compared to Market Value       Equity of Assessment
- Discrepancy in Physical Data       Other \_\_\_\_\_

Owner's estimate of **Market Value** of the property as of **January 1st, 2023**: \$ \_\_\_\_\_

Purchase Date (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_ Purchase Price (if applicable): \_\_\_\_\_

	Farm Land	Farm Bldgs.	Land	Buildings	Total
Current (2023) Assessed Value					
Requested Assessed Value					

Please Note: Any reduction request to the Assessed Value of \$33,333 or greater will automatically be scheduled for a Hearing before the Board. Any evidence received after the evidence filing deadline as noted in the instructions above will not be considered by the Board.

- Is an Assessed Value Reduction of \$33,333 to \$99,999 being requested? Yes  No
- Is an Assessed Value Reduction of \$100,000 or greater being requested? Yes  No
- Is there additional evidence on this complaint that will be submitted? Yes  No
- Hearing Preference, for automatically scheduled hearings: Virtual  In-person

### Section 3: Signature (required)

*Under penalty of perjury, by signing this form, I acknowledge that I am the taxpayer of record for the above captioned property or the duly authorized attorney for owner/taxpayer and that the statements made and the facts set forth in the foregoing complaint are true and correct to the best of my knowledge.*

\_\_\_\_\_  
Taxpayer/Attorney signature      \_\_\_\_\_ Print Name      \_\_\_\_\_ Date