



Ogle County Board of Review

OGLE COUNTY COURTHOUSE

P.O. Box 40 Oregon, IL 61061

Phone 815/732-1150

Filing this appeal is not a protest of taxes. This appeal, when properly filed, assures you a hearing relative to the assessment of your property.

FOR THE YEAR OF _____

PARCEL NUMBER _____

DATE RECEIVED _____

BOARD OF REVIEW NO. _____

PLEASE TYPE OR PRINT LEGIBLY

OWNER'S FULL NAME _____ HOME PHONE NO. _____

PROPERTY ADDRESS _____ CITY/STATE/ZIP _____ BUSINESS TELEPHONE _____

MAILING ADDRESS _____ CITY/STATE/ZIP _____

CHECK ONE OF THE FOLLOWING

- The assessment is higher than the assessment of comparable property.
- The property is overvalued-i.e., assessed at more than 1/3 of its market value.

OTHER RELATED INFORMATION

PURCHASE PRICE OR CONSTRUCTION COST \$ _____ DATE OF PURCHASE OR CONSTRUCTION _____

CURRENT ASSESSED VALUE		YOUR OPINION OF PROPER ASSESSED VALUE	
LAND	\$ _____	LAND	\$ _____
BUILDING	\$ _____	BUILDING	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

TYPE OF PROPERTY RESIDENCE APARTMENT VACANT LOT FARM COMMERCIAL INDUSTRIAL

NEARBY OR AREA PROPERTIES COMPARABLE TO SUBJECT PROPERTY			
PARCEL NUMBER	1	2	3
LAND ASSESSMENT			
BLDG. ASSESSMENT			
TOTAL ASSESSMENT			

Individual forms must be obtained from the Ogle County assessor's office

I do solemnly affirm that the statements made and the facts set forth in this complaint are true and correct to the best of my knowledge.

Owners Signature: _____

If represented by an agent, owner's signature or separate letter or authorization required.

Agent's Name: _____

Agent's Signature: _____

Agent's Address: _____

Agent's Phone No.: _____

ANY ADDITIONAL INFORMATION SHOULD BE ATTACHED TO THIS FORM.