



ASSESSMENT COMPLAINT

VERMILION COUNTY, IL
BOARD OF REVIEW
6 N Vermilion
Danville, IL 61832

TRACT NO _____
COMPLAINT NO _____
YEAR _____

Name of Owner _____ Date _____

Owner's Mailing Address _____ City _____

Location of Property and Directions _____

Legal Description and Index Number _____

Taxpayer, or a duly authorized agent, objects to the assessment of said property at \$ _____
with a fair market value of \$ _____.

In the opinion of the Complainant, the assessed value should be reduced \$ _____
to an assessed value of \$ _____, market value of \$ _____

Facts and reasons for complaint: _____

Descriptions:

Residence _____	Total Rooms _____	Heat _____	Garages (# of cars) _____ Attached / Detached
Age _____	Baths _____	Air Conditioning _____ Window / Central	Porches / Patios _____ Enclosed / Open
Style _____ (Ranch, etc.)	Bedrooms _____	Basement _____	Condition _____
Construction _____ (Frame, Brick, etc.)	Square Feet _____ (If known)	Fire Place _____ Built-In / Freestanding	Miscellaneous _____
Commercial or Industrial: Yes _____ No _____		Appraisal Attached: Yes _____ No _____	

OATH

I do solemnly swear that this complaint contains complete facts and is true and correct.

Owner or Attorney _____ Phone _____

Address _____ City _____

Please e-mail the Board of Review decision to: _____

BOARD OF REVIEW USE ONLY