



# 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