

Year: 2025

Date: 11/02/25

Complaint Nbr: _____

Assessment	Complaint -	Real	Estate
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NOTE: A SEPARATE COMPLAINT MUST BE FILED ON EACH PIECE OF PROPERTY. Owner's Name: J DAVID JONES LAND TRUST 1701 Tax Code: 001 Parcel Nbr: 14-21.0-326-026 Property Address: Mailing Address: 1701 J DAVID JONES PKY PO BOX 597306 SPRINGFIELD IL 62702 CHICAGO IL 60659-7306 Township: CAPITAL Class Code: 50 Acres: .71 Complainant Daytime Phone Number: Complainant Email Address: _____ Name and address to which correspondence should be sent: Attorney Info: NOTICE TO TAXPAYER: This form must be completed in quintuplicate, with five copies of evidence attached, and filed with the Board of Review, Room 210 County Building, on or before 8/29/2025 (or 30 days after publication, whichever is later). COMPLAINT: Use additional sheets if necessary. Describe type of property (dwelling, commercial, farm, etc.). Type of property: Commercial / Residential (Circle One) By law, burden of proving an inequitable assessment is on the taxpayer, therefore, the following questions should be answered by the taxpayer: What do YOU think is today's fair cash value of your property? \$______. What is the basis of the fair cash value stated above? (please fill in one) A. Appraisal: Date _____; Attach 5 copies of the entire appraisal. B. Purchase price: Date _____; Amount \$_____ Purchased from C. Construction cost: Amount \$_____; Include own labor D. Other basis of arriving at fair cash value: Is property rented?: Yes or No (If yes, state monthly rental \$______) 3. Have you recently tried to sell this property?: Yes or No (If yes, date offered _____; Do you request a hearing: Yes or No 5.

You will be notified of the date of your hearing by the Board of Review by mail

Is this a request in change of assessed valuation of \$100,000 or more? Yes or No

6.

I do hereby attest that the statements made and the facts set forth in this complaint are true and correct, as I verily believe.

Signature of complainant or Attorney

Signature of property owner