Sangamon County Board of Review
200 South Ninth Street
Springfield, IL 62701
Telephone 217/753-6805 Fax 217/535-3143

Year: 2026
Date: 11/04/26
Complaint Nbr: _____

Assessment Complaint - Real Estate

NOTE: A SEPARATE COMPLAINT MUST BE FILED ON EACH PIECE OF PROPERTY.

Owner's Name: STATE OF ILLINOIS

Parcel Nbr: 14-33.0-280-001
Property Address:
401 S 02ND ST
SPRINGFIELD IL 62701
Township: CAPITAL
Class Code: 95 Acres: .00

Tax Code: 001
Mailing Address:
% BUDGET OFFICE
HOWLETT BLDG RM 116
SPRINGFIELD IL 62756-0001

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 **9/08/2026** (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:

1. What do YOU think is today's fair cash value of your property? $_____.
2. What is the basis of the fair cash value stated above? (<u>please fill in one</u>)

   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: _____
      _____

3. Is property rented?: Yes or No (If yes, state monthly rental $_____)
4. Have you recently tried to sell this property?: Yes or No (If yes, date offered _____;
   Amount $_____)
5. Do you request a hearing: Yes or No
6. Is this a request in change of assessed valuation of $100,000 or more? Yes or No

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

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 _____