



Sangamon County Board of Review

200 South Ninth Street
Springfield, IL 62701
Telephone 217/753-6805 Fax 217/535-3143

Year: 2025

Date: 9/05/25

Complaint Nbr: _____

Assessment Complaint - Real Estate

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

Owner's Name: HOSPITAL SISTERS HEALTH SYSTEM

Parcel Nbr: 15-17.0-400-043

Tax Code: G05

Property Address:

Mailing Address:

4936 LAVERNA RD
SPRINGFIELD IL 62707-9797

Township: CLEARLAKE

Class Code: 95 Acres: 18.98

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 _____ (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? (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: _____
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 _____