



## Sangamon County Board of Review

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

Year: 2025

Date: 8/29/25

Complaint Nbr: \_\_\_\_\_

### Assessment Complaint - Real Estate

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

Owner's Name: MIC LIMITED

Parcel Nbr: 22-14.0-204-004

Tax Code: 001

Property Address:

Mailing Address:

3220 LAKE PLAZA DR  
SPRINGFIELD IL 62704

8252 E LANSING RD  
DURAND MI 48429-1059

Township: CAPITAL

Class Code: 60 Acres: .00

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:

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 \_\_\_\_\_