COLL	<b>Sangamon</b> County	Board of Review



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

## Assessment Complaint - Real Estate

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

Owner's Name: SINNOTT LYNN M

Parcel	Nbr: 06-09.0-100-002	Tax Code: M02
Proper	rty Address:	Mailing Address:
	20 N STATE RT 29 NTRALL IL 62625	402 E OAK GROVE DR ATHENS IL 62613-9295
	ship: FANCY CREEK	ATHENS 12 02013-9295
Class	Code: 50 Acres: 1.00	
•	•	pr:
•		
Name	and address to which corresp	ondence should be sent:
Attorne	ey Info:	
NOTIC	CE TO TAXPAYER:	
Т	his form must be completed in	n quintuplicate, with five copies of evidence attached, and filed with the Board of Review,
R	Room 210 County Building, on	or before (or 30 days after publication, whichever is later).
С	COMPLAINT: Use additional s	heets if necessary. Describe type of property (dwelling, commercial, farm, etc.).
Т	Type of property: Commerce	ial / Residential (Circle One)
-		able assessment is on the taxpayer, therefore, the following questions should be
	ered by the taxpayer:	
	•	air cash value of your property? \$
2. V	Vhat is the basis of the fair ca	sh value stated above? ( <u>please fill in one</u> )
A	A. Appraisal: Date	; Attach 5 copies of the entire appraisal.
В	Purchase price: Date	; Amount \$
	-	)
С	C. Construction cost: Amou	nt \$; Include own labor
D	D. Other basis of arriving at	fair cash value:
		(If yes, state monthly rental \$)
	lave you recently tried to sell	this property?: Yes or No (If yes, date offered;
	Do you request a hearing: Yes	
		ssessed valuation of \$100,000 or more? Yes or No
		ied of the date of your hearing by the Board of Review by mail
l do he		is made and the facts set forth in this complaint are true and correct, as I verily believe.
	•	y