

Year: 2024

Date: 7/05/24

Complaint Nbr: _____

Assessment Complaint - Real Estate

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NOTE:	A SEPARATE COMPLAINT MUST	BE FILED ON EACH PIECE OF PROPERTY.	
Owner's	s Name: RAIL GOLF LLC		
Propert	Nbr: 06-35.0-400-017 y Address: :RMAN IL	Tax Code: M12 Mailing Address: 1400 S CLUB HOUSE DR SPRINGFIELD IL 62707-4510	
	ip: FANCY CREEK Code: 30 Acres: 5.12		
Compla	inant Email Address: and address to which corresponden	ce should be sent:	
NOTICI Th Ro CO	E TO TAXPAYER: is form must be completed in quint om 210 County Building, on or bef	uplicate, with five copies of evidence attached, and filed wore (or 30 days after publication, whichever is later) if necessary. Describe type of property (dwelling, comme	rith the Board of Revie
By law,		ssessment is on the taxpayer, therefore, the following que	estions should be
1. W	nat do YOU think is today's fair ca	sh value of your property? \$ ue stated above? (please fill in one_)	
A. B. C. D.	Purchase price: Date Purchased from Construction cost: Amount \$; Attach 5 copies of the entire appraisal; Amount \$; Include own labor sh value:)
4. Ha	Is property rented?: Yes or No (If yes, state monthly rental \$		
	you request a hearing: Yes or No this a request in change of assesse	ed 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