

REASSESSMENT REQUEST

I request the assessment be reviewed on the property listed as:

Property Number _____ - _____ - _____ - _____ - _____
Name of Owner _____
Property Address _____
Mailing Address _____
Phone # _____

I request that my assessment be reviewed for the following reason(s):

1. I recently purchased the property for \$ _____ on _____.
2. I recently built my home for a cost of \$ _____ (Contractors bills attached).
3. A recent appraisal dated _____ states the value at \$ _____.
(Copy of appraisal attached) **Appraisal must be within the prior 3 years to be considered valid**
4. I do not believe my property would sell for the market value listed because:
 - a. The condition is _____

 - b. Properties in the neighborhood have sold for less. The following are examples:

 - c. The following properties are worth the same, but are assessed at lower values than mine:

 - d. Other: _____

Signed: _____ Dated: _____

Return Completed Form to:
Supervisor of Assessments
Ford County Courthouse
200 W. State Room 104
Paxton, IL 60957
217 379-9430

Received ___/___/___

To Assessor ___/___/___