2019 NON FARM ASSESSMENT COMPLAINT FORM

This assessment complaint form is to be used to object the assessment of non-farm property in Bond County. To request a hearing before the Bond County Board of Review, you must fully complete this form and return it to the Bond County Supervisor of Assessments office before the close of business 30 days after publication of change of assessments for your assessment district. Incomplete forms will not be accepted as a complaint to the Board of Review. Contact the Supervisor of Assessments Office for exact filing deadline for this complaint.

You must attach all evidence to support your value at the time of filing the complaint.

Parcel Information:

Name: ____________________________
Address: ____________________________
City: ___________ State: _______ Zip: _______

Property Index Number: ________________

PIN: (if not supplied) ____________________
Legal Description (if PIN is unavailable) ____________________

If you are not the owner of record, you must file written authorization to act in the owner’s behalf.

Check the Reason(s) you are filing an objection to the assessment.

☐ The property was assessed twice for 2019.
☐ The improvement was not taxable on January 1, 2019.
☐ The assessment is ☐ lower ☐ higher than the assessments of comparable property in the county.
☐ Other, such as incorrect description, exemptions not deducted, etc. (Describe in detail):

Additional information that you would have the Board of Review consider:

Write the assessed value for your non farm property as of January 1, 2019.

Land/lot ____________________________
Buildings ____________________________
Total ____________________________

I request a hearing on the facts in this complaint so that a fair and equitable assessment of the property can be determined.

Property owner’s or authorized representative’s signature ____________________________ Date _______

Phone Number: (_____) _______ Extension __________________

Date Received (complete) ____________________________ Hearing Date ____________________________

Received by ____________________________ Class Code _______ Docket Number ____________________________