

Randolph County Board of Review

1 Taylor Street
Randolph County Courthouse
Chester, IL 62233

2024 FARM ASSESSMENT COMPLAINT FORM

This assessment complaint form is to be used to object the assessment of farm property in Randolph County. To request a hearing before the Randolph County Board of Review, you must fully complete this form and return it to the Randolph 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.

NOTE: 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) _____ _____ Street Address of the property (if different than shown) _____ City: _____ State: _____ Zip: _____
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Send notice to:(if other than above)
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

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.

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| <input type="checkbox"/> The property was assessed twice for 2024.
<input type="checkbox"/> The assessment is <input type="checkbox"/> lower <input type="checkbox"/> higher than the assessments of comparable property in the county.
<input type="checkbox"/> The property was exempt on January 1, 2024. | <input type="checkbox"/> The improvement was not taxable on January 1, 2024.
<input type="checkbox"/> Other, such as incorrect description, exemptions not deducted, etc. (Describe in detail.):

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

Write the assessed value for your farm property as of January 1, 2024.

Land/lot	_____
Farm Land	_____
Farm Buildings	_____
Buildings	_____
Total	_____

Write the amounts you estimate to be the correct **values of your property as of January 1, 2024.**

Land/lot	_____
Farm Land	_____
Farm Buildings	_____
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 _____ Phone Number: (_____) _____ - _____	Date _____ Email: _____
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Date Received (complete) _____	Hearing Date _____
Received by _____	Class Code _____ Docket Number _____