

Montgomery County Board of Review

1 Courthouse Square Room 201
Hillsboro, IL 62049

217-532-9595

2024 FARM ASSESSMENT COMPLAINT FORM

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

Send notice to:(if other than above)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Property Index Number: _____

PIN: (if not supplied) _____

Legal Description (if PIN is unavailable) _____

Street Addresss of the property (if different than shown)

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 2024.
- The assessment is lower higher than the assessments of comparable property in the county.
- The property was exempt on January 1, 2024.

- The improvement was not taxable on January 1, 2024.
- 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 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

Date

Phone Number: (_____) _____ - _____

Date Received (complete) _____

Hearing Date _____

Received by _____ Class Code _____ Docket Number _____