

217-532-9595

2025 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:	Property Index Number:
Name:	
Address:	PIN: (if not supplied)
City:	Legal Description (if PIN is unavailable)
State:	
Zip:	
Send notice to:(if other than above)	
Name:	
Address:	Street Address of the property (if different than shown)
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.

- ☐ The property was assessed twice for 2025.
- ☐ The improvement was not taxable on January 1, 2025.
- ☐ 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.):
- ☐ The property was exempt on January 1, 2025.

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

Write the assessed value for your farm property as of January 1, 2025.	Write the amounts you estimate to be the correct values of your property as of January 1, 2025.
Land/lot	Land/lot
Farm Land	Farm Land
Farm Buildings	Farm Buildings
Buildings	Buildings
Total	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