	_	_		_	
PROPE	PTV IDE	NTHE	CATIO	NNIIN	IRFR

White - Supervisor of Assessments

COMPLAINT NUMBER

Pink - Complainant

EDGAR COUNTY BOARD of REVIEW ASSESSMENT COMPLAINT

A complaint is made against the assess	sment of real pro	perty for the yea	r
The physical address of the property is	s		
Facts with regard to the assessment are	e as follows:		
	·		
		· · · · · · · · · · · · · · · · · · ·	
		and the state of t	
If I were to sell this property, I feel that	at a fair amount t	to ask for it wou	ld be:
Value set by Assessor			REQUIRED
Correspondence should be sent to:			
NAME	STREET ADDR	ESS	
СІТҮ	STATE	ZIP	TELEPHONE
OATH - I do solemnly swear that the	statements made	and the facts se	t forth in this complaint
are true and correct.	statements made	and mo mons so	. Ioi in ans complaint
Signature COMPLAINTANT			DATE
Please return to: Supervisor of Asses	sments, 111 N. C	Central, Paris, IL	61944

Yellow - Assessor