



Attorney / Representative Authorization Form

Appeal Year

Town

Appeal Number

Property Index Number(s)

Owner / Taxpayer

Property Index Number(s)

Owner's Mailing Address

Property Street Address

City

State

Zip

City

State

Zip

Daytime Phone Number

Township

Email Address

I, _____ being first duly sworn on oath state:
Name of Affiant

1. That I am (*please check one*): ☐ An **Owner** of the property described above
- ☐ A **Lessee** of the property described above
- ☐ A **Tax Buyer** of the property described above (*year(s) purchased*) _____
- ☐ A duly authorized **Officer/Agent** of the _____
corporation/partnership which owns the property described above

2. I have sufficient knowledge of the operations of the above property to execute this affidavit

3. I have personal knowledge that the above property:

- ☐ has been purchased within the last 3 years
- ☐ has been refinanced within the last 3 years

If sold or refinanced: _____
Purchase Price Date of Purchase

Type of Rate: ☐ Fixed ☐ Variable

Interest Rate: _____ %

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4. that for the assessment year _____ I have authorized _____
whose name appears on the appeal form to represent me before the Assessor relative to the
assessment of the property listed;
5. that any income and expense information provided by me, either directly or through my
representative, accurately reflects the result of the operations;
6. that I am familiar with the day-to-day operations and the financial records and statements concerning
the subject property; and
7. that any and all documentation and supporting data to be tendered to the Cook County Assessor's
Office by my attorney or representative are true and accurate, and further that any documents which
purport to have been filed with any government agency, including the Internal Revenue Service,
were, in fact, so filed.

Further affiant sayeth not.

Signature of Owner/Lessee_____
Print Name_____
Date_____
Daytime Phone Number

Subscribed and sworn before me this _____ day of _____

_____, _____

Signature of Notary Public_____
*Notary Stamp***As appointed attorney or representative for the owner/lessee of the property described above, I affirm
that I have read the Cook County Assessor's Rules for Filing Appeals.**_____
Signature of Attorney/Representative_____
Firm Name_____
Print Name_____
Street Address_____
Date_____
City_____
State_____
Zip_____
Atty / Rep Code_____
Daytime Phone Number