

Morgan County Board of Review

Morgan County
300 West State Street
Jacksonville, IL 62650

2024 FARM ASSESSMENT COMPLAINT FORM

This assessment complaint form is to be used to object the assessment of farm property in Morgan County. To request a hearing before the Morgan County Board of Review, you must fully complete this form and return it to the Morgan 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: _____	PIN: (if not supplied) _____
Address: _____	Legal Description (if PIN is unavailable) _____
City: _____ State: _____ Zip: _____	
Send notice to:(if other than above)	
Name: _____	
Address: _____	Street Addresss 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 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 _____