

**Morgan County Board of Review**

Morgan County  
300 West State Street  
Jacksonville, IL 62650

**2024 NON FARM ASSESSMENT COMPLAINT FORM**

This assessment complaint form is to be used to object the assessment of non-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.

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 non farm property as of January 1, 2024.

Land/lot \_\_\_\_\_

Buildings \_\_\_\_\_

Total \_\_\_\_\_

Write the amounts you estimate to be the correct **values of your property as of January 1, 2024.**

Land/lot \_\_\_\_\_

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 \_\_\_\_\_