



OFFICE OF THE ASSESSOR
FRANKFORT TOWNSHIP

Joseph N. Kral, Assessor

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11000 W. Lincoln Hwy
Frankfort, IL 60423

2017 SOFT APPEAL FORM

DEADLINE 6/16/2017

First Name:	Last Name:	PIN # 19-09- - - -	Date:
Property Street Address:		City:	State:
Phone:	Cell Phone:	Email Address:	
Have You Filed An Appeal Before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, What Year _____		Neighborhood:	

2016 Assessment: Land _____ Improvement _____ Total _____
(Assessment Information can be found at www.frankfortassessor.com or www.willcountysa.com under Property Search)

Market Value: _____ (Total Assessment (x) Multiply by 3 = Market Value)

What you feel your Market Value is: _____ (Divide by 3) = **Your Assessment Claim:** _____

Reason: Recent Sale (Provide closing papers) Appraisal (Provide Full Appraisal) Comparable Sales (List Sales Below)

Assessment Equity (List in section below) Other (Explain) _____

List Three Property Sales Or Assessment Equity Comparable To Subject Below:

(Must be similar: Age/Style#/Size homes in your neighborhood) (All information needed below can be found at: www.frankfortassessor.com or www.willcountysa.com under Property Search)

	PIN	Sales Price	House Style #	Year Built	Gross Living Area	Land Assessed	Building Assessed	Price Per Sq. Ft.
1)								
2)								
3)								
Your House								

Comments/Notes (For additional comments, please use the back)
