



OFFICE OF THE ASSESSOR
FRANKFORT TOWNSHIP

Joseph N. Kral, Assessor

815-464-3180
11000 W. Lincoln Hwy
Frankfort, IL 60423

2024 SOFT APPEAL FORM

DEADLINE 5/30/2024

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

2024 Assessment: Land _____ Building/Improvement _____ Total _____
(Updated Assessment Information can be found at www.Frankfortassessor.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 under Property Search)

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

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