

FRANKFORT TOWNSHIP ASSESSOR

Joseph N. Kral, C.I.A.O.
Frankfort Township Assessor
11000 W. Lincoln Hwy.
Frankfort, Illinois 60423

www.frankfortassessor.com

Phone: 815-464-3180
Fax: 815-464-3182

OWNER/LESSEE ATTORNEY VERIFICATION FORM

PIN: _____

PIN: _____

(Use separate sheet if necessary for additional PIN's)

Subject Property Address: _____

City: _____ State: IL Zip: _____ Township: FRANKFORT

I, _____, being first duly sworn on oath state that:

1. I am
_____ an owner, _____ executor or _____ trust beneficiary (check one) of this property; or
_____ a lessee (tenant) liable for real estate tax of the property; or
_____ a former owner liable for real estate taxes; or
_____ a duly authorized officer of the Corporation, partnership or LLC
which owns the property described above.

2. I have personal knowledge that the property described above
_____ has not been purchased within the last 3 years; or
_____ has been purchased on or after January 1, 2024

Purchase Price: \$ _____ Date of Purchase: _____

3. For assessment year 2024, I have explicitly authorized the following attorney/law firm:

to represent me before Joseph N. Kral, Frankfort Township Assessor

X _____

Affiant Owner/Lessee

Subscribed and sworn before me,

This _____ day of _____, 20 _____.

(Seal)

Notary Public

My commission expires: _____

I certify that I have entered into the attorney-client relationship with the affiant and I have read the accompanying assessed valuation complaint, have personal knowledge of the content therein and the same is true in substance and in fact and further, I so certify all under the penalties as provided by law pursuant to Section I-109 of Illinois Code of Civil Procedure.

Date

Attorney