

## FRANKFORT TOWNSHIP ASSESSOR

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

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Phone: 815-464-3180

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### 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, 2025

Purchase Price: \$ \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

3. For assessment year 2025, 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