



OFFICE OF THE ASSESSOR  
FRANKFORT TOWNSHIP

Joseph N. Kral, Assessor

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11000 W. Lincoln Hwy  
Frankfort, IL 60423

2025 SOFT APPEAL FORM

DEADLINE 5/29/2025

First Name:	Last Name:	PIN #	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:	

**2025 Assessment:** Land \_\_\_\_\_ Building/Improvement \_\_\_\_\_ Total \_\_\_\_\_  
(Updated Assessment Information can be found at [www.Frankfortassessor.com](http://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](http://www.Frankfortassessor.com) under Property Search)

	PIN	Sales Price	House Style	Year Built	Gross Living Area (SQ.FT)	Land AV	Building AV	Building AV/ Living Area (SQ.FT)
1)								
2)								
3)								
Your House								

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

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