



## Cook County Assessor's Office 2025 Appeal Form

**All fields marked with \* are required and must be filled.**

Lemont Resident's Name\*

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

Contact Number \*

\_\_\_\_\_

Phone Number

E-mail Address

\_\_\_\_\_

example@example.com

Property Location\*

\_\_\_\_\_

Street Address

\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

14 Digit Property  
Identification Number

\_\_\_\_\_

PIN#

Was this property purchased  
after January 1, 2023? \*

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, please provide  
sale date

\_\_\_\_\_

MM/DD/YYYY

If yes, please provide  
purchase price

\_\_\_\_\_

Purchase Price

If yes, please provide  
identity of buyer

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

If yes, please provide  
identity of seller

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

If yes, please provide a copy of the closing/settlement statement to attach to  
this form.

*Note: Our Assessor's Office will search for comparables and submit those along with your  
appeal. By giving Lemont Township your contact information, you consent to Lemont  
Township contacting you and submitting it on your behalf.*

Please provide any additional  
comments for the Assessor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resident's Signature

\_\_\_\_\_

Sign Here