# Lemont Township Assessor's Office 2026 Appeal Intake Form

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

**Do you get the Low-Income Senior Freeze (LISF)? If yes, STOP. DO NOT SUBMIT AN APPEAL. If you already get the LISF, and you submit an appeal, it may reset your base Equalized Assessed Value (EAV).**

**Do you live in a Condominium? If yes, STOP. DO NOT SUBMIT AN APPEAL. Contact your Homeowner's Association (HOA) so an appeal can be filed on your behalf.**

Today's Date _____

Homeowner's Name* _____ _____
First Name Last Name

Contact Number * _____
Phone Number

E-mail Address _____
example@example.com

Homeowner's Location* _____
Street Address

_____
Street Adress Line 2

_____ _____ _____
City State Zip

14-Digit Property Identification Number _____
PIN#

**Is this your primary residence? Please understand that an appeal can only be completed for the homeowner's primary residence. Appeals cannot be completed for homes being used as rental property.**

Please flip over to Page 2 for additional information and signature.

Was this property purchased after January 1, 2024? * _____ YES _____ NO (go to signature)

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