

**COOK COUNTY ASSESSOR**  
**FRITZ KAEGI**



COOK COUNTY ASSESSOR'S OFFICE  
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**Certificate of Error Application  
 for Taxable Properties**

Appeal Year \_\_\_\_\_

Township \_\_\_\_\_

Appeal Number \_\_\_\_\_

**DO NOT USE** this form if you are requesting a Certificate of Error (C/E) for a Homeowner Exemption, Senior Exemption, Senior Freeze Exemption or Exempt Property.

**Property Index Number(s)**  
*(use PIN in effect during C/E year)*

**Certificate of Error Year(s)**  
*(identify each year requesting C/E)*

**For Office Use Only**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 24                       | 23                       | 22                       | 21                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|       |       |       |
|-------|-------|-------|
| Grant | Deny  | Date  |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

*(use back of this page for additional PINs)*

**Disclaimer:** By accepting this application, there is no guarantee that the C of E will be approved. This is especially true if, for the same year(s), there is also an appeal pending before the Illinois Property Tax Appeal Board which has either been adjudicated or has not been withdrawn.

Reason for C/E (be specific)

Property Class \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Signature of Owner/Lessee \_\_\_\_\_

Applicant's Street Address \_\_\_\_\_

Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

**FOR REPRESENTATIVE ONLY (IF APPLICABLE)**

Representative's Name/Firm Name \_\_\_\_\_

Signature of Representative \_\_\_\_\_

Representative's Street Address \_\_\_\_\_

Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

