



# Exemption Removal Waiver

COOK COUNTY ASSESSOR | FRITZ KAEGI

By completing this form you are indicating that you are **no longer eligible** to receive an exemption(s) and would like to opt out immediately. Please note, this is not an application to apply for an exemption.

Indicate which exemption(s) you are **no longer eligible** for by placing a check mark next to the corresponding exemption.

- |  |   |
|--|---|
| <input type="checkbox"/> Homeowner Exemption                 | <input type="checkbox"/> Returning Veterans Exemption         |
| <input type="checkbox"/> Senior Exemption                    | <input type="checkbox"/> Veterans with Disabilities Exemption |
| <input type="checkbox"/> Senior "Freeze" Exemption           | <input type="checkbox"/> Longtime Homeowner Exemption         |
| <input type="checkbox"/> Persons with Disabilities Exemption | <input type="checkbox"/> Home Improvement Exemption           |

\_\_\_\_\_  
Tax Year

\_\_\_\_\_  
Property Index Number

\_\_\_\_\_  
Property Address

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

I hereby waive all claims to any checked exemption(s) for the tax year and for the property described by the Property Index Number indicated above. I also relinquish any right to a further hearing on any checked exemption. If applicable, I acknowledge that the property was not occupied by its owner as a principal residence as of January 1 of the tax year indicated above and therefore is not eligible for the Homeowner Exemption for the corresponding tax year as provided by Section 15 of the Illinois Property Tax Code.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

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