

PTAX-245 Disaster Area Application for Reassessment

Who should complete this form?

You should complete this form to request reassessment of property under Section 13-5 of the Property Tax Code (35 ILCS 200/13-5) based on substantial damage caused by a disaster in a county that has been declared a major disaster area by the President of the United States or the Governor of the State of Illinois.

Step 1: Complete the following information

1 _____
Property owner's name

Property owner's mailing address

City _____ State _____ ZIP _____

(_____) _____

Phone _____

Send correspondence to (if different than above)

2 _____

Name _____

Mailing address _____

City _____ State _____ ZIP _____

(_____) _____

Phone _____

3 Write the property index number (PIN) of the property for which you are requesting this disaster area reassessment. Your PIN is listed on your property tax bill or you may obtain it from your chief county assessment officer (CCAO).

a PIN _____ - _____ - _____ - _____ - _____

b Write the street address of the damaged property, if different than the address in Item 1.

Street address _____

_____ IL _____

City _____ ZIP _____

c Write the legal description of the damaged property only if you are unable to obtain your PIN.

4 Write a detailed description of the damage to your land, buildings, or other structures. (Use extra pages if necessary.)

Step 2: Sign below

I state that, to the best of my knowledge, the information contained in this application is true, correct, and complete.

Property owner's or authorized representative's signature

_____/_____/_____

Date

If you have any questions, please call:
(847) 377-2100

Mail your completed Form PTAX-245 to:
Lake _____ County CCAO

18 N County St - 7th Floor
Mailing address _____

Waukegan _____ IL 60085
City _____ ZIP _____

Do not write in this space.

Date received ____/____/_____

Application no. _____

_____ Approved _____ Disapproved

Reasons (if disapproved) _____

This form is authorized in accordance with 35 ILCS 200/1-1 et seq. Disclosure of this information is REQUIRED. This form has been approved by the Forms Management Center. IL-492-3379

