Marion County Board of Review
County Courthouse
100 E. Main
Salem, IL 62881

2025 NON FARM ASSESSMENT COMPLAINT FORM

This assessment complaint form is to be used to object the assessment of non-farm property in Marion County. To request a hearing before the Marion County Board of Review, you must fully complete this form and return it to the Marion County Supervisor of Assessments office before the close of business 30 days after publication of change of assessments for your assessment district. Incomplete forms will not be accepted as a complaint to the Board of Review. Contact the Supervisor of Assessments Office for exact filing deadline for this complaint.

You must attach all evidence to support your value at the time of filing the complaint.

Parcel Information:

Name: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

Send notice to:(if other than above)

Name: _____

Address: _____

_____

City: _____ State: _____ Zip: _____

If you are not the owner of record, you must file written authorization to act in the owner's behalf.

Property Index Number: _____

PIN: (if not supplied) _____

Legal Description (if PIN is unavailable) _____

_____

_____

Street Addresss of the property (if different than shown)

_____

_____

Check the Reason(s) you are filing an objection to the assessment.

- ☐ The property was assessed twice for 2025.
- ☐ The assessment is ☐ lower ☐ higher than the assessments of comparable property in the county.
- ☐ The property was exempt on January 1, 2025.
- ☐ The improvement was not taxable on January 1, 2025.
- ☐ Other, such as incorrect description, exemptions not deducted, etc. (Describe in detail.):

_____

_____

Additional information that you would have the Board of Review consider: _____

_____

_____

_____

Write the assessed value for your non farm property as of January 1, 2025.

Land/lot _____

Buildings _____

Total _____

Write the amounts you estimate to be the correct **values of your property as of January 1, 2025.**

Land/lot _____

Buildings _____

Total _____

I request a hearing on the facts in this complaint so that a fair and equitable assessment of the property can be determined.

Property owner's or authorized representative's signature _____ Date _____

Phone Number: (_____) _____-_____ Email: _____

Date Received (complete) _____ Hearing Date _____

Received by _____ Class Code _____ Docket Number _____