

ST. CHARLES TOWNSHIP
ASSESSOR'S OFFICE

Diane Hemmingsen, Assessor
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Assessment Inquiry for 2025

This form is being used only in the St. Charles Township Assessor's Office. In the event that an agreement cannot be reached you **MUST** continue the process with the Kane County Board of Review and file your complaint with them.

This form can be completed and turned into the St Charles Township Assessor's Office or it can emailed to stcassr@comcast.net

Part 1: Property Identification

Parcel No. _ _ - _ - _ - _ -
Property
Address: _____
Owners
Name: _____ Phone No: _____

Part 2: Reason for Assessment Complaint (required/please check one)

_____ **Current Market Value:** My property's valuation is greater than the current Fair Cash Value per sales from 2022, 2023 and/or 2024. I am providing 3 sales comparables most similar to my property and/or a complete recent appraisal report as my evidence.

OR

_____ **Equity:** My property's value is greater than other similar properties in my neighborhood. I am providing 3 comparable properties as my evidence.

Part 3: Evidence: Complete the following information depending on the reason for your complaint.

Sales Comparables from 2022, 2023 and/or 2024 are required for all complaints based on Current Market Value.

Equity Comparables from 2025 are required for all assessment complaints based on Equity.

| | Comparable 1 | Comparable 2 | Comparable 3 |
|---|----------------|----------------|----------------|
| PIN | _____ | _____ | _____ |
| Address | _____ _____ | _____ _____ | _____ _____ |
| <i>Sale data for Current Market Value Comparables</i> | | | |
| Sales Price | _____ | _____ | _____ |
| Sales Date | _____ _____ | _____ _____ | _____ _____ |
| <i>2025 Tax Year Values of Equity Comparables</i> | | | |
| Land | _____ | _____ | _____ |
| Buildings | _____ _____ | _____ _____ | _____ _____ |
| Total | _____ _____ | _____ _____ | _____ _____ |

Your opinion of what you believe is the correct value for your property. **REQUIRED.**

Land _____
Buildings _____
Total _____

Office Only: Date Received:

Deputy:

Completed: