



COOK COUNTY BOARD OF REVIEW

118 NORTH CLARK STREET
ROOM 601 COUNTY BUILDING
CHICAGO, ILLINOIS 60602
TEL: (312) 603-5542
FAX: (312) 603-3479

MICHAEL M. CABONARGI
CHAIRMAN

DAN PATLAK
COMMISSIONER

LARRY R. ROGERS JR.
COMMISSIONER

RECEIVED

NOV 16 2017

BUSINESS OFFICE 11-10-2017

RE: Permanent Index Number : 16-06-204-001-0000
Volume Number(s) : 139
Tax Code(s) : 27001
Township(s) : OAK PARK
Class : 5-17
Tax Year : 2016
Board of Review Complaint Number(s) : 2711056-001
Board of Review Internal Process Code : A
PTAB Docket Number : 16-20193.001-C-2

Dear Sir or Madam:

35 ILCS 200/16-180 (Sec. 16-180) of the Illinois Property Tax Code provides, in part, that where a taxpayer files an appeal before the Illinois Property Tax Appeal Board (PTAB):

"...A copy of the appellant's petition shall be mailed by the clerk of the Property Tax Appeal Board to the board of review or board of appeals whose decision is being appealed. In all cases where a change in assessed valuation of \$100,000 or more is sought, the board of review or board of appeals shall serve a copy of the petition on all taxing districts as shown on the last available tax bill..."

The Board of Review of Cook County is in receipt of a petition appealing its decision with respect to the above-captioned property which seeks a change in assessed valuation of 100,000 or more. Pursuant to the statute, this notice is hereby provided to you and a copy of said petition follows.

Yours very truly,

Secretary of the Board

SCHOOL DISTRICT 97
P O BOX 2250 ATTN: ALICIA EVANS, Asst. Supt. for Finance & Operations
OAK PARK IL 60303
04-0580-000

04-0580-000

Note: Our records indicate the address and contact person for your agency as given above, and your telephone number as 708-524-3000 and facsimile transmission number as 708-524-3019. Please contact this office at (312)603-5542 upon receipt of this Notice should any of this descriptive data be incorrect.

Additional Property Index Numbers, Complaint and Tax Code Numbers:
1620193002C2 16-06-204-002-0000 2711056-002
1620193003C2 16-06-204-003-0000 2711056-003

COMMERCIAL APPEAL
State of Illinois – Property Tax Appeal Board
For Assessment Year 2016

Room 402 Stratton Office Building
401 South Spring Street
Springfield, IL 62706-4001
(T) 217.782.6076
(TTY) 217.785.4427

Suburban North Regional Office Facility
9511 West Harrison Street, Suite LL-54
Des Plaines, IL 60016-1563
(T) 847.294.4121

Information on how to complete this form may be found at ptabil.com

Failure to properly complete this form and provide the necessary documentation shall result in dismissal of your appeal.

I would like the PTAB to make its decision based on the evidence provided (no oral hearing necessary).
 I would like to present my case in person at a hearing. (Note: Location, date, and time will be determined by PTAB.)
If neither box is checked, your appeal will be written based on the evidence.

Are you appealing off a recently issued township equalization factor? (Multiplier) Yes No (Not applicable to Cook County.)

Did you file an appeal with the Property Tax Appeal Board on this Tax Parcel for the prior year? If yes, indicate the Property Tax Appeal Board docket number assigned to the prior appeal: _____

Section I You **MUST** submit **3 copies** of this form, **2 copies** of all evidence and **2 copies** of the board of review's final decision letter, and if your requested assessed valuation change is \$100,000 or more, you **MUST** submit an additional copy of all evidence.

This form must be completed and postmarked within 30 days of the date of notice on the decision you received from the Board of Review. Written evidence must be submitted with this PTAB form. If you are unable to submit evidence with this form, you must request an extension of time in writing for filing the additional evidence with this form. Without a written request for an extension, no additional evidence will be accepted after the submission of this appeal form. **All Appeals MUST be filed at the Springfield Address listed above.** A separate appeal must be filed on each individual Property Identification Number (P.I.N.), or a breakdown may be submitted on an Addendum form (see 2c below). **Faxed appeals will not be accepted.**

Section II

Appellant (Taxpayer) Information

Last Name Farrales
First Name Joseph
Address Line 1 1032 S. Austin Blvd.
Address Line 2 _____
City Oak Park
State IL ZIP 60304
Telephone (312) 251-5253
Email Address tom@battistalawoffices.com

Information on Attorney for Appellant

Last Name Battista
First Name Thomas
Firm Name Law Offices of Thomas M. Battista, LLC
Address Line 1 10 S. LaSalle St.
Address Line 2 Suite 3600
City Chicago
State IL ZIP 60603
Telephone (312) 251-5253
Email Address tom@battistalawoffices.com

Petition is hereby made to appeal from the final, written decision of the Cook County Board of Review which has a date of notice of 11/01/2016. You **MUST** submit 2 copies of the Notice of Final Decision by the Board of Review.

2a Property ID No. (P.I.N) 16-06-204-001-0000 M Township Oak Park
Address of property 6555 North Avenue, Oak Park, IL

2b If appellant is other than owner, give name and address of owner. Name _____
Address Line 1 _____ Address Line 2 _____
City _____ State _____ ZIP _____

2c The assessments of the property for the year as made by the (P.I.N. only):
(Use the "Addendum to Petition" form for multiple parcels, which may be found at www.ptabil.com)

1. Board of Review Assessment	Land <u>30,295</u>	Impr./Building <u>105,502</u>	Total <u>135,797</u>
2. Appellant Assessment Requested	Land <u>30,295</u>	Impr./Building <u>22,352</u>	Total <u>52,647</u>

Lines 1 and 2 above **MUST** be completed. **POST MARKED** **RECEIVED** **NOV 21 2016**
The information is available from the Supervisor of Assessments/County Assessor or the Board of Review offices, or may be on the Notice itself.

2d This appeal is based on (you must check one or more boxes):
 Recent sale – complete Section IV
 Comparable sales – complete Section V
 Contention of law – submit legal brief
 Assessment equity – complete Section IV
 Recent construction – complete Section VI
 Recent appraisal (enclose 2 copies of the appraisal)
PROPERTY TAX APPEAL BOARD - SPRINGFIELD

Evidence:
 I certify that All Evidence is attached to this Appeal Petition.

2e Date 11-15-16 Signature [Handwritten Signature]
PTAB10A (rev. 02/12) Attorney or Appellant only PAGE 1 OF 4



Property Tax Appeal Board

Addendum to Petition

This Addendum is to be used in appeals where multiple parcels are consolidated into a single petition. The assessed values and the relief requested for each individual parcel must be separately listed. Aggregating assessments is not appropriate. If additional space is required, use Addendum to Petition Additional Pages.

Property ID No. (P.I.N.) <u>16-06-204-001-0000</u>		Docket No. _____	
		(Office Use Only)	
Board of Review	Land <u>10,375</u>	Impr. <u>15,262</u>	Total <u>25,637</u>
Appellant's Claim	Land <u>10,375</u>	Impr. <u>4,023</u>	Total <u>14,398</u>
Property ID No. (P.I.N.) <u>16-06-204-002-0000</u>		Docket No. _____	
		(Office Use Only)	
Board of Review	Land <u>9,960</u>	Impr. <u>45,380</u>	Total <u>55,340</u>
Appellant's Claim	Land <u>9,960</u>	Impr. <u>9,165</u>	Total <u>19,125</u>
Property ID No. (P.I.N.) <u>16-06-204-003-0000</u>		Docket No. _____	
		(Office Use Only)	
Board of Review	Land <u>9,960</u>	Impr. <u>44,860</u>	Total <u>54,820</u>
Appellant's Claim	Land <u>9,960</u>	Impr. <u>9,164</u>	Total <u>19,124</u>
Property ID No. (P.I.N.) _____		Docket No. _____	
		(Office Use Only)	
Board of Review	Land _____	Impr. _____	Total _____
Appellant's Claim	Land _____	Impr. _____	Total _____
Property ID No. (P.I.N.) _____		Docket No. _____	
		(Office Use Only)	
Board of Review	Land _____	Impr. _____	Total _____
Appellant's Claim	Land _____	Impr. _____	Total _____
Property ID No. (P.I.N.) _____		Docket No. _____	
		(Office Use Only)	
Board of Review	Land _____	Impr. _____	Total _____
Appellant's Claim	Land _____	Impr. _____	Total _____