



Board of Review of Assessments

324 Main Street, Room 301
Peoria, Illinois 61602-1338
Phone: 672-6022 Fax : 672-6075

J. Greg Fletcher, Chairman: 495-5070
Sid Ruckriegel, Member: 495-5180
Joshua Smith, Member: 495-4850

April 25th 2025

ICC JC #514, CITY OF PEORIA, PEORIA LIBRARY, GREATER METRO AIRPORT AUTHORITY,
GREATER PEORIA MTD, PLEASURE DRIVEWAY PKD, **DUNLAP CUSD #323**, ATTORNEY FOR DUNLAP
CUSD #323, CITY TWP ASSESSOR, PEORIA COUNTY TREASURER

RE: 2024 Assessment Reductions In
Excess of \$100,000 Assessed Value

To Whom it May Concern:

In accordance with Illinois State Statutes, the Peoria County Board of Review is required to notify all affected taxing districts shown on the last available tax bill of any tax objection filed which involves a change in assessed valuation of \$100,000.00 or more.

This letter will serve to inform you that the following appellant has filed a **2024 Property Tax Appeal Board case** on the following parcel:

<u>TAX ID NUMBER</u>	<u>OWNER</u>	<u>ADDRESS</u>
14-06-201-002	RGM LLC	8800 N ALLEN RD, 61614
14-05-352-013	BT LAND TRUST	1801 W PIONEER PKY, 61616

A copy of the PTAB10-A form the appellant submitted has been attached for your review.

Very truly yours,

BOARD OF REVIEW OF ASSESSMENTS

J. Greg Fletcher, Chairman

Sid Ruckriegel, Member

Joshua Smith, Member

Attachment
ptab-over-ltr\24-02246 & 24-02252.doc

COMMERCIAL APPEAL**State of Illinois – Property Tax Appeal Board (PTAB)****COPY**Assessment Year 2024See page 5 for instructions; also, information on how to complete this form can be found at www.ptab.illinois.gov**Section I****HEARING OPTIONS -- If neither box is checked, your appeal may be decided based on the evidence submitted. PLEASE CHECK ONE:**

- ☐ I would like the PTAB to determine the correct assessment based on the evidence submitted. (This may expedite resolution of the appeal.)
- ☒ I would like to present my case in person at a hearing. (Note: Location, date, and time will be determined by the PTAB.)

Section II**Appellant (Taxpayer or Owner) Information**Last Name BT Land TrustFirst Name LemanAddress Line 1 1801 W. Pioneer Parkway

Address Line 2 _____

City PeoriaState IL ZIP 61614Telephone 309-282-1545Email Address retaxappeals@kepplelawllc.com**Attorney for Appellant**Last Name KeppleFirst Name CaseyFirm Name Kepple Law Group, LLCAddress Line 1 5901 N. Knoxville AvenueAddress Line 2 Suite 101City PeoriaState IL ZIP 61614Telephone 309-282-1545Email Address retaxappeals@kepplelawllc.com**1a** Petition is hereby made to appeal for property located in Peoria County from:

- a) The final, written decision of the County Board of Review dated 01/30/2025 or
transmittal date of _____ (Cook County only).

OR

- b) The favorable decision of the Property Tax Appeal Board (PTAB) dated _____.

2a Parcel Number 14-05-352-013
Address of property 1801 W. Pioneer Parkway Peoria, IL 61614

Township Peoria City

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

2c Assessment(s) of the property for the assessment year by parcel number: ☐ Multi-Parcel Appeal
(Use the "Addendum to Petition" form for multiple parcels found at www.ptab.illinois.gov along with special instructions if 50 parcels or more.)

1. Board of Review or
Assessor Assessment: Land 271,510 Impr./Building 242,710 Total 514,220

2. Appellant Assessment Request: Land 271,510 Impr./Building 128,490 Total 400,000

ALWAYS complete lines 1 and 2 above for the assessment year being appealed. Line #1 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 the following evidence (you must check all applicable boxes):

- ☐ Recent sale – complete Section IV ☐ Assessment equity – complete Section V
- ☒ Comparable sales – complete Section V ☐ Recent construction – complete Section VI
- ☐ Contention of law – submit legal brief ☐ Recent appraisal (enclose complete copy(s) of the appraisal)

Evidence:

- ☒ I certify this completed form along with enclosed evidence completes my appeal filing **OR**
- ☐ I hereby request an extension of time to submit my evidence. Days requested: _____

2e Date 2/28/2025 | 2:24 PM CST

Signed by: _____
Signature Casey C. Kepple
6D3E3C84D1C043F. Attorney or Appellant only