



GRUNDY COUNTY BOARD OF REVIEW
111 EAST WASHINGTON STREET
MORRIS, ILLINOIS 60450
(815)941-3269

LIMITED
POWER OF
ATTORNEY

Reminders: All complaints shall be entered on a form prescribed by the Board of Review. Facsimile, electronic mail, or other electronic forms of submission of any complaint form will not be accepted. Only an owner of property dissatisfied with the property's assessment for taxation purposes, or a taxing body that has a revenue interest in the property, may file a complaint with the Board. Any attorney filing a complaint on behalf of a property owner must have authorization by the owner of record; this authorization must be on **this form**, must accompany the original complaint form and be specific to the property, or the form and/or complaint will be returned to the property owner. Any non-owner representing an owner before the Board of Review is engaged in the practice of law; therefore, only attorneys licensed to practice law in the State of Illinois may file a complaint on behalf of a property owner. The complainant or the complainant's attorney may present testimony regarding the assessment and shall be required to answer any questions of the Board.

Property Information:

Township: _____

ID No. (PIN): _____

Address: _____

City, St, Zip: _____

Assessment Year: 2016

Complainant/Owner of Record Information:

Name: _____

Address: _____

City, St, Zip: _____

Daytime Phone: _____

As the Complainant/Owner of Record for the left-named property, I have read the Grundy County Board of Review Rules and I appoint the left-named attorney as my attorney-in-fact to act on my behalf for the sole purpose of representing my property rights and interests before the Grundy County Board of Review and, if necessary, the Property Tax Appeal Board. This appointment is effective as of the date I signed below, and shall continue for so long as this specific complaint, for this specific Assessment Year, remains active.

Attorney Information:

Name: _____

Firm Name: _____

IL ARDC Reg. No.: _____

Address: _____

City, St, Zip: _____

Phone: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

NOTARY PUBLIC WITNESS

NOTARY PUBLIC WITNESS

STATE OF: _____

COUNTY OF: _____

STATE OF: _____

COUNTY OF: _____

My Commission expires: _____
I, the undersigned, a Notary Public in and for the County and State aforesaid, do certify that the above-named person has personally appeared before me and affixed their signature.

My Commission expires: _____
I, the undersigned, a Notary Public in and for the County and State aforesaid, do certify that the above-named person has personally appeared before me and affixed their signature.

(signature)

(date)

(notary stamp)

(signature)

(date)

(notary stamp)