



**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: \_\_\_\_\_ **2020**

**Attorney Information:**

Name: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
IL ARDC Reg. No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**NOTARY PUBLIC WITNESS**

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.

(signature)

(date)

(notary stamp)

**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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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.

(signature)

(date)

(notary stamp)