## PTAX-245 Disaster Area Application for Reassessment

## Who should complete this form?

You should complete this form to request reassessment of property under Section 13-5 of the Property Tax Code (35 ILCS 200/13-5) based on substantial damage caused by a disaster in a county that has been declared a major disaster area by the President of the United States or the Governor of the State of Illinois.

City State ZIP  City State ZIP  Mailing address  City State ZIP  (	tep 1: Complete the following information	ł	c Write the legal description of the dam	
City   State   ZiP	Property owner's name		only if you are unable to obtain your F	PIN.
Mailing address  City State ZIP (	Property owner's mailing address			
Name  Mailing address  City  ( )  Phone  Write the property index number (PIN) of the property for which you are requesting this disaster area reassessment. Your PIN is listed on your property tax bill or you may obtain it from your chief county assessment officer (CcAO).  a PIN	City State ZIP			
Name    Mailing address   City	Phone			
Mailing address   City   State   ZIP	end correspondence to (if different than above)			
Mailing address   City   State   ZIP			<del></del>	
City State ZIP  ( )	Name		· · · · · · · · · · · · · · · · · · ·	
Write the property index number (PIN) of the property for which you are requesting this disaster area reassessment. Your PIN is listed on your property tax bill or you may obtain it from your chief county assessment officer (CCAO).  a PIN	Mailing address			
buildings, or other structures. (Use extra pages if necessary.  Write the property index number (PIN) of the property for which you are requesting this disaster area reassessment. Your PIN is listed on your property tax bill or you may obtain it from your chief county assessment officer (CCAO).  a PIN	City State ZIP			
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reassessment. Your PIN is listed on your property tax bill or you may obtain it from your chief county assessment officer (CCAO).  a PIN				,
or you may obtain it from your chief county assessment officer (CCAO).  a PIN				
officer (CCAO). a PIN				
a PIN				<del></del>
b Write the street address of the damaged property, if different than the address in Item 1.  Street address  City  IL  ZIP   tep 2: Sign below tate that, to the best of my knowledge, the information contained in this application is true, correct, and complete.  Date  / /	officer (CCAO).			
different than the address in Item 1.  Street address  City  LL  ZIP   tep 2: Sign below tate that, to the best of my knowledge, the information contained in this application is true, correct, and complete.  perty owner's or authorized representative's signature  rou have any questions, please call: 618 ) 498-5571  Mail your completed Form PTAX-245 to: Jersey  County CCAO  200 North Lafayette  Mailing address Ste 4  Jerseyville City  Do not write in this space. Application no.  Approved  Disapproved	h Write the street address of the damaged property if			
tep 2: Sign below tate that, to the best of my knowledge, the information contained in this application is true, correct, and complete.    Date   Date   Date				
tep 2: Sign below tate that, to the best of my knowledge, the information contained in this application is true, correct, and complete.    Perty owner's or authorized representative's signature	Street address			
tep 2: Sign below tate that, to the best of my knowledge, the information contained in this application is true, correct, and complete.	City ZIP			
tate that, to the best of my knowledge, the information contained in this application is true, correct, and complete.	Oity 211			
Mail your completed Form PTAX-245 to:   Jersey   County CCAO	state that, to the best of my knowledge, the information conta	. <u>-</u>		plete.
Dersey   County CCAO		M:	ail your completed Form PTAY-245 to:	
Mailing address   Ste 4	618 ) 498-5571			
Ste 4		20	0 North Lafayette	
Do not write in this space.  te received / / Disapproved		Ma	ling address	
Do not write in this space. te received/		St	e 4	
Do not write in this space. te received// Application no  Approved Disapproved		Je	erseyville	62052
te received/ Application no Approved Disapproved		City		ZIP
Approved Disapproved				
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