

# 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.

## Step 1: Complete the following information

**1** \_\_\_\_\_  
Property owner's name

\_\_\_\_\_  
Property owner's mailing address

\_\_\_\_\_  
City State ZIP

(\_\_\_\_\_) \_\_\_\_\_  
Phone

Send correspondence to (if different than above)

**2** \_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City State ZIP

(\_\_\_\_\_) \_\_\_\_\_  
Phone

**3** 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 \_\_\_\_\_

**b** Write the street address of the damaged property, if different than the address in Item 1.

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City IL ZIP

**c** Write the legal description of the damaged property only if you are unable to obtain your PIN.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4** Write a detailed description of the damage to your land, buildings, or other structures. (Use extra pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Step 2: Sign below

I state that, to the best of my knowledge, the information contained in this application is true, correct, and complete.

\_\_\_\_\_  
Property owner's or authorized representative's signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

If you have any questions, please call:

(\_\_\_\_\_) \_\_\_\_\_

Mail your completed Form PTAX-245 to:

\_\_\_\_\_ County CCAO

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City IL ZIP

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

Do not write in this space.

Application no. \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Reasons (if disapproved) \_\_\_\_\_

This form is authorized in accordance with 35 ILCS 200/1-1 *et seq.* Disclosure of this information is REQUIRED. This form has been approved by the Forms Management Center. IL-492-3379

