



RAILA & ASSOCIATES, P.C.

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REPLY FORM

Reply by E-mail, Fax, Mail or Via Online Submission

www.TaxesTooHigh.com

service@RailaPC.com

CLIENT/CONTACT INFORMATION

Name _____ E-Mail _____

Mailing Address _____

STREET

CITY

ZIP

Employer Name _____ Fax #/Location _____

(____) _____

Home Phone (____) _____ Cell # (____) _____ Work#(____) _____

Check Items That Apply

PROPERTY INFORMATION

COUNTY _____ TOWNSHIP _____

Full Property Address(es): _____

(use reverse side for additional properties)

STREET

CITY

ZIP

Permanent Index Number(s): _____

Year Purchased: _____ Purchase Price: _____ Appraisal Date/Amount: _____ (if any)

Check Items That Apply

Property is: ___ Owner Occupied ___ Leased ___ Other (Explain) _____

IF owner occupied, which of the following exemptions apply:

___ Homeowner ___ Senior ___ Senior Freeze or Long-Time
___ Other

Residential Property

___ Single-Family Home; ___ #BRs

___ Residential Apartments (2-6 units); ___ # of units

___ Mixed-Use Building (2-6 units); ___ # of Residential Units
___ # of Commercial Units

Condominiums

#Units ___ Studios ___ 1BRs ___ 2BRs ___ 3BRs ___

___ Commercial Units;

*Appeal as: ___ Individual or ___ Association

Townhomes

#Units ___ 1BRs ___ 2BRs ___ 3BRs ___

Commercial Property

___ Residential Apartment Building (7+ units)

If building is mixed use, complete next section also

___ # Stories ___ Studios ___ 1BRs ___ 2BRs ___ 3BRs

___ Commercial Building

Total Sq.Ft. _____ # Stores/Offices _____

Used For _____

___ Industrial Building

Total Sq.Ft. _____ Used For _____

SIGNATURE
