

The TaxBloom Group

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Service Agreement

I, the undersigned property owner and/or taxpayer ("Client"), authorize TaxBloom Inc. ("Agent") to take the necessary procedures with the County Assessor and the Board of Review to obtain a fair assessment for the 2020, 2021 & 2022 real estate tax years. Client further authorizes Agent to retain legal counsel on behalf of the Client in the event that Agent is required to appeal the assessed value before the County Board of Review and will be paid for by Agent.

If we obtain a reduction in the assessed valuation, the undersigned agrees to pay TaxBloom Inc., a fee equal to 1/3 (33.33%) of the current year's tax savings, including any refunds for certificate of errors that we may have retrieved for you during this appeal process.

Payment to Taxbloom Inc. is due within 14 days upon receipt of the official reduction letter that is issued by the Cook County Assessor and/or the Cook County Board of Review.

In the event of the sale of the Property, all fees due hereunder shall be the undersigned Owner's obligations. In the event the undersigned fails to pay the fees agreed to herein, as they are due, the undersigned agrees to reimburse TaxBloom Inc. for any costs incurred in enforcing the provisions of this agreement, including, but not limited to, collection costs, court costs and reasonable attorney's fees. For the purposes of jurisdiction and venue, the Agreement is entered in Cook County, Illinois.

TaxBloom Inc. will be paid ONLY if a reduction in assessed valuation is obtained.

PLEASE PRINT CLEARLY. Only one owner's information is required.

_____		_____		_____	
Owner's Signature		Owner's Name		Date	
_____		_____		_____	
Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
_____		_____			
E-mail		Fax			
_____		_____			
Subject Address		Unit #	City	State	Zip Code
_____		_____	_____	_____	_____
Subject Property Pin(s)					

Mailing Address(if different from subject address)		City	State	Zip Code	
_____		_____	_____	_____	
Preferred method of communication: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail					
Subject property is My: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Rental <input type="checkbox"/> Other _____					

TaxBloom Inc. is an A+ Accredited Member of the Better Business Bureau



**Attorney / Representative
Authorization Form**

Appeal Year _____

Town _____

Appeal Number _____

Property Index Number(s) _____

Owner / Taxpayer _____

Property Index Number(s) _____

Owner's Mailing Address _____

Property Street Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Daytime Phone Number _____

Township _____

Email Address _____

I, _____ being first duly sworn on oath state:
Name of Affiant

1. That I am (please check one):
- An **Owner** of the property described above
 - A **Lessee** of the property described above
 - A **Tax Buyer** of the property described above (year(s) purchased) _____
 - A duly authorized **Officer/Agent** of the _____
corporation/partnership which owns the property described above

2. I have sufficient knowledge of the operations of the above property to execute this affidavit

3. I have personal knowledge that the above property:

- has been purchased within the last 3 years
- has been refinanced within the last 3 years

If sold or refinanced: _____
Purchase Price Date of Purchase

Type of Rate: Fixed Variable Interest Rate: _____ %



**Attorney / Representative
Authorization Form**

- 4. that for the assessment year _____ I have authorized _____ whose name appears on the appeal form to represent me before the Assessor relative to the assessment of the property listed;
- 5. that any income and expense information provided by me, either directly or through my representative, accurately reflects the result of the operations;
- 6. that I am familiar with the day-to-day operations and the financial records and statements concerning the subject property; and
- 7. that any and all documentation and supporting data to be tendered to the Cook County Assessor's Office by my attorney or representative are true and accurate, and further that any documents which purport to have been filed with any government agency, including the Internal Revenue Service, were, in fact, so filed.

Further affiant sayeth not.

Signature of Owner/Lessee

Print Name

Date

Daytime Phone Number

Subscribed and sworn before me this _____ day of _____

_____, _____

Signature of Notary Public

Notary Stamp

As appointed attorney or representative for the owner/lessee of the property described above, I affirm that I have read the Cook County Assessor's Rules for Filing Appeals.

Signature of Attorney/Representative

Firm Name

Print Name

Street Address

Date

City State Zip

Atty / Rep Code

Daytime Phone Number

**COOK COUNTY BOARD OF REVIEW 2020
ATTORNEY AUTHORIZATION FORM**

2020 Complaint No. _____	Township: _____
PIN(s): _____	

Address: _____	
City: _____	State: _____ ZIP Code: _____

ATTORNEY AUTHORIZATION

1. I am a/an (check applicable)
owner, executor, trust beneficiary of this property; or
a lessee (tenant) liable for the real estate taxes of the property for this tax year; or
a former owner liable for the real estate taxes of the property for this tax year; or
a duly authorized officer of the _____
Corporation, Partnership, LLC, or other entity which owns the property described above.

2. I have personal knowledge that the property described above
has not been purchased since January 1, 2017; or
has been purchased on or after January 1, 2017 (complete below)
Purchase Price: \$ _____ Date of Purchase: _____

3. For assessment year 2020, I explicitly authorize the following Attorney/law firm:

to represent me before the Cook County Board of Review in connection with the assessment of the above mentioned property. Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

Signature of Affiant /Owner/Appellant Print Name of Affiant /Owner/Appellant Date:

I certify that I have entered into the attorney/client relationship with the affiant and that I have read the accompanying assessed valuation complaint and supporting documents. Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he/she verily believes the same to be true.

Signature of Attorney Date: BOR Atty. Code