



Complaint no.: \_\_\_\_\_ Volume no.: \_\_\_\_\_ IDOR docket number: \_\_\_\_\_  
County use only IDOR use only

Step 1: Identify the property

1 McLean County  
County in which property is located  
2 Town of Normal  
Property owner  
3 1217 S. Adelaide  
Street address of property  
Normal IL 61761  
City ZIP  
4 Town of Normal  
Name of organization applying for the exemption (i.e., "applicant")

5 Is the applicant on Line 4 the lessee of the property?  Yes  No  
If "Yes", write the dates the lease is in effect.  
From \_\_\_\_\_ to \_\_\_\_\_  
Attach a copy of the contract or lease.  
6 14-32-279-011  
Property index number (PIN)  
Attach a copy of the property's legal description if the county has not assigned a number or if the property is a division.  
7 Dimensions or acreage of this property 1.94 acres  
8 10 / 01 / 2015  
Date of ownership  
Attach a copy of proof of ownership (deed, contract for deed, title insurance policy, condemnation order and proof of payment, etc.)

Step 2: Identify any previous exemptions or applications (Providing this information will expedite processing.)

9 Does the applicant have an Illinois sales tax exemption number?  Yes  No  
If "Yes", write the exemption number. E- 9768 9768  
10 Has a previous application been filed for this property or by this applicant?  Yes  No  
If "Yes", write the Illinois Department of Revenue docket number, if known.

Step 3: Identify the property's use

11 Identify the Illinois Compiled Statutes citation for this application. 35 ILCS 200/ \_\_\_\_\_ Or ILCS 15 / 60  
12 Is any income derived from this property?  Yes  No  
If "Yes", explain in detail.  
If applicable, attach a copy of any contracts or leases.  
13 Does a unit of local government own this property?  Yes  No  
If "Yes", is the property located within its corporate boundaries?  Yes  No  
14 If granting this application will reduce the property's assessed valuation by \$100,000 or more, has the municipality, school district, community college district, and fire protection district in which the property is located been notified that this application has been filed?  Yes  No  
Attach a copy of the notices and postal return receipts.  
15 Describe the specific activities that take place on this property. Write the exact date each activity began and how frequently it takes place.  
Facilities Management Space  
16 Did the activities described on Line 15 begin on the same date as the effective date of the lease on Line 5 or the date of ownership on Line 8, whichever is applicable?  Yes  No  
If "No", explain in detail how the property was used between the lease or ownership date and the date these activities began.

17 Identify each building's use, square feet of ground area (SFGA), number of stories, and whether or not there is a basement.

| Use                                    | SFGA | No. of stories | Basement? (Y/N)  |
|--|------|----------------|--|
| Building 1 Facilities Management Space |      | 1              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Building 2                             |      |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Building 3                             |      |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Step 4: Attach documentation**

The following documents **must** be attached:

- Proof of ownership (copy of the deed, contract for deed, title insurance policy, condemnation order and proof of payment, etc.)
- Picture of the property
- Notarized affidavit of use
- Copies of any contracts or leases on the property

The documents listed on Lines 18 through 23 may be attached to expedite processing. Mark an "X" next to any documents that are attached.

- |    |  |    |  |
|----|--|----|--|
| 18 | ___ Audited financial statements for the most recent year  | 21 | ___ Plot plan of each building's location on the property with each building and land area labeled with property index numbers and specific uses |
| 19 | ___ Copy of the applicant's bylaws and complete certified recorded copy of Articles of Incorporation, including purpose clause and all amendments  | 22 | ___ Copy of any Illinois Department of Revenue Exemption Certificate   |
| 20 | ___ Copy of the notices to the municipality, school district, community college district, and fire protection district in which the property is located and postal return receipts if granting this application will reduce the property's assessed valuation by \$100,000 or more | 23 | ___ Other (list) _____   |

**Step 5: Identify the person to contact regarding this application**

|    |   |    |   |
|----|---|----|---|
| 24 | <b>BRIAN D. DAY</b><br>Name of applicant's representative<br>11 UPTOWN CIRCLE<br>Mailing address<br>NORMAL IL 61761<br>City State ZIP<br>( 309 ) 454 — 9505<br>Phone number | 25 | <b>TOWN OF NORMAL</b><br>Owner's name (if the applicant is not the owner)<br>11 UPTOWN CIRCLE<br>Mailing address<br>NORMAL IL 61761<br>City State ZIP<br>( 309 ) 454 — 9505<br>Phone number |
|----|---|----|---|

**Step 6: Signature and notarization**

State of Illinois ) SS.  
County of MCLEAN )

I, BRIAN D. DAY CORPORATION COUNSEL, being duly sworn upon oath, say that I have read the foregoing application and that all of the information is true and correct to the best of my knowledge and belief.

Affiant's signature \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.  
Notary Public \_\_\_\_\_

County official use only. Do not write in this space

**Step 7: County board of review statement of facts**

- 1 Current assessment \$ \_\_\_\_\_ For assessment year 2 \_\_\_\_\_
- 2 Is this exemption application for a leasehold interest assessed to the applicant?  Yes  No  
If "Yes", write the Illinois Department of Revenue docket number for the exempt fee interest to the owner, if known. \_\_\_\_\_
- 3 State all of the facts considered by the county board of review in recommending approval or denial of this exemption application.  
\_\_\_\_\_  
\_\_\_\_\_

- 4 County board of review recommendation  
\_\_\_ Full year exemption  
\_\_\_ Partial year exemption from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_\_ Partial exemption for the following described portion of the property: \_\_\_\_\_  
\_\_\_ Deny exemption
- 5 Date of board's action \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Step 8: County board of review certification**

I certify this to be a correct statement of all facts arising in connection with proceedings on this exemption application.

Signature of clerk of county board of review \_\_\_\_\_

Mail to: OFFICE OF LOCAL GOVERNMENT SERVICES MC 3-520  
ILLINOIS DEPARTMENT OF REVENUE  
101 WEST JEFFERSON STREET  
SPRINGFIELD IL 62702

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