

**Belvidere Township Assessor's Office**

8200 Fairgrounds Rd.

Belvidere IL 61008

1-815-547-8095

Fax 1-815-544-2680

Belvideretownshippassessor.com

**Diann Helnore, Assessor**

Certified Illinois Assessing Officer

dhelnore@comcast.net

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

The following information is needed so that our office will be able to more accurately value your property.

Basement full \_\_\_\_\_ Part \_\_\_\_\_ crawl \_\_\_\_\_ slab \_\_\_\_\_

Indicate rooms for each level

| Level                 | Living room | Dining room | Great room | kitchen | den | # bedrooms | other |
|-----------------------|-------------|-------------|------------|---------|-----|------------|-------|
| Basement/LL           |             |             |            |         |     |            |       |
| 1 <sup>st</sup> floor |             |             |            |         |     |            |       |
| 2 <sup>nd</sup> floor |             |             |            |         |     |            |       |
| attic                 |             |             |            |         |     |            |       |

How many bathrooms? Number of fixtures in each bath extra WH/sink

|                       | 2 fixtures | 3 fixtures | 4 fixtures | 5 fixtures | extra WH/sink |
|-----------------------|------------|------------|------------|------------|---------------|
| Basement/LL           |            |            |            |            |               |
| 1 <sup>st</sup> floor |            |            |            |            |               |
| 2 <sup>nd</sup> floor |            |            |            |            |               |
| attic                 |            |            |            |            |               |

Example of fixtures:

- Sink = 1 fixture
- Toilet = 1 fixture
- Tub/shower combo = 1 fixture
- 1 tub & 1 shower = 2 fixtures

# of fireplaces wood gas # of stacks \_\_\_\_\_

| Basement/LL           | wood | gas | # of stacks |
|-----------------------|------|-----|-------------|
| Basement/LL           |      |     |             |
| 1 <sup>st</sup> floor |      |     |             |
| 2 <sup>nd</sup> floor |      |     |             |
| attic                 |      |     |             |

Central Air yes \_\_\_\_\_ no \_\_\_\_\_ # of units \_\_\_\_\_

Please return to the above address.

Signature \_\_\_\_\_

To Request an interior inspection please call 815-547-8095 to set up an appointment.

Date \_\_\_\_\_

*Thank you*