

# PTAX-325 Request for Duplicate Delinquent Property Tax Notice

## General information

Anyone receiving the senior citizen or disabled person homestead exemptions may designate another person to receive a duplicate copy of any delinquent real property tax notice from the county collector. A \$5 administrative processing fee is charged for the initial designation or a change in the designee at a later date.

## Section 1: Complete the following information

Please type or print

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

\_\_\_\_\_  
Street address of homestead property

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

(\_\_\_\_\_) \_\_\_\_\_  
Daytime phone

3 Write the property index number (PIN) of your homestead property. Your PIN is listed on the property tax bill or you may obtain it from the Chief County Assessment Office (CCAO).

PIN \_\_\_\_\_

4 Write the legal description only if you are unable to obtain your PIN. (Attach a separate sheet if needed.)

2 Is this a (check one)  First time request  
 Change to previous request  
 Cancel duplicate notice

## Section 2: Identify the designated person to receive duplicate notice

5 \_\_\_\_\_  
Name of designated person

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

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

(\_\_\_\_\_) \_\_\_\_\_  
Daytime phone

## Section 3: Sign below

Read the statement and sign below.

I certify that I have designated the person named in Section 2 above to receive a duplicate copy of any delinquent real property tax notice issued against the listed property.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

If you have any questions, please call:

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

Mail your completed Form PTAX-324 to:

\_\_\_\_\_ County Chief County Assessment Officer

Do not send cash.

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

Make check payable to: \_\_\_\_\_

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

Official use. Do not write in this space.

Date received by CCAO \_\_\_\_/\_\_\_\_/\_\_\_\_

Date filed by county collector \_\_\_\_/\_\_\_\_/\_\_\_\_

Date \$5 fee paid \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of request to cancel duplicate notice \_\_\_\_/\_\_\_\_/\_\_\_\_