

PTAX-761 Request for Reduction Due to Destruction

Read this information first

You must complete Form PTAX-761 to request a reduction of assessment if a building, structure, or other improvement assessed for property tax purposes was damaged or destroyed and rendered uninhabitable and unfit for occupancy or customary use. The destruction must be by natural disaster or accidental means and not by the willful misconduct of the owner. You must file Form PTAX-761 within 90 days after the destruction or 90 days after the township or multi-township assessor mails you the application. Failure to do so shall result in no reduction of assessment to the property.

Step 1: Provide the following information

1 _____ Property owner's name _____ Property owner's street address Macomb City State ZIP Telephone: (____) _____ - _____ Email address: _____ Property owner on January 1 of the assessment year if different than Line 1: _____	Send notice to (if different than Line 1) 2 _____ Name _____ Street address _____ City State ZIP Telephone: (____) _____ - _____ Email address: _____
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Step 2: Identify the property

3 Provide the street address of the property if different than the address you identified in Step 1, Line 1. _____ Street address _____ City State ZIP	4 Write the property (parcel) number (PIN) listed on your property tax bill or obtain it from the Chief County Assessment Officer. a PIN: _____ b If unable to obtain your PIN, provide a legal description. _____ _____
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Step 3: Describe the property's destruction

5 Write the date the improvement became uninhabitable or unfit for occupancy or customary use? ____/____/____

6 Was the improvement damaged by natural disaster or accidental means? yes no

7 What caused the destruction (you may attach additional documentation): _____

Step 4: Sign below

I state to the best of my knowledge, the information contained in this request true, correct, and complete. If the improvement is replaced, I will file a request for reassessment due to construction of improvements, within 30 days after the completion date.

Property owner's or authorized representative's signature

____/____/____
Month Day Year

Step 5: Mail your completed Form PTAX-761

If you have any questions, please call (____) _____ - _____.

Mail your completed Form PTAX-761 to: **McDonough County Supervisor of Assessments**
1 Courthouse Square
Mailing address
Macomb IL **61455**
City ZIP