

PTAX-333 Application for Airport Purposes Assessment

Who should complete this form?

You should complete this form to request an alternate assessment if your property is used for airport purposes. You must be liable for the property taxes and the property must have been used for airport purposes for the 3 years immediately preceding this assessment year. Property is considered used for airport purposes if it is devoted primarily to the operation of an airport or restricted landing field approved by the Department of Transportation (DOT) and is open to the public, except as restricted by DOT or the Illinois Aeronautics Act. You must file this form with the chief county assessment officer (CCAO), at the address shown below, **by January 1** of each assessment year.

Note: When any portion of this property is no longer used for airport purposes, the person liable for taxes **must** immediately notify the CCAO in writing, and will also be required to pay the county treasurer the difference in taxes based on the fair cash value of the property in each of the 3 preceding assessment years, plus 5 percent interest. Payment is due **by the following September 1**.

Step 1: Complete the following information

1 _____
Property owner's name

Street address

City _____ State _____ ZIP _____

(_____) _____
Phone

Send notice to (if different than above)

2 _____
Name

Mailing address

City _____ State _____ ZIP _____

(_____) _____
Phone

3 Write the assessment year for which you are requesting this airport purposes assessment. 3 _____

4 Write the date the property began to be used for airport purposes. 4 ____/____/____
Month Day Year

5 Has this property been used for airport purposes for three years preceding this assessment year? No Yes

6 Write the property index number (PIN) of the property for which you are requesting this airport purposes assessment. Your PIN is listed on your property tax bill or you may obtain it from the CCAO. If you are unable to obtain your PIN, write the legal description on Line b.

a PIN ____ - ____ - ____ - ____ - ____

b Write the legal description only if you are unable to obtain your PIN.

7 Write the street address of the property, if different than the address in Item 1.

Street address

City _____ IL _____ ZIP _____

Step 2: Sign below

Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this application is true, correct, and complete.

Property owner's or authorized representative's signature

Date

Subscribed and sworn to before me this ____ day of _____, _____.

Notary public

Date

If you have any questions, please call: (_____) _____

Mail your completed Form PTAX-333 to:

County Chief County Assessment Officer

Mailing address

City _____ IL _____ ZIP _____

Do not write in this space.

For use by the CCAO

Date received ____/____/____
Month Day Year

Approved Yes No

Date approved ____/____/____
Month Day Year

Denied Yes No

Date denied ____/____/____
Month Day Year

Reason for denial _____

