



YORK TOWNSHIP ASSESSOR

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EXEMPTION REMOVAL FORM

Permanent Parcel Number: _____

Name: _____

Address: _____

By filling out this removal form, you are stating that you would like to remove the following checked exemptions from your property:

- General Homestead Exemption
- Senior Homestead Exemption
- Senior Freeze

To qualify for exemptions the home must be owner-occupied and their primary dwelling place. The undersigned states that he/she is no longer claiming the above residence as their primary dwelling place.

Remove the checked exemptions from the above property beginning January 1, _____.

Current Owner's Signature: _____

Print Owner's Name: _____

Owner's Primary Address: _____

City, State, Zip: _____

Owner's Email: _____

Date of Request: _____