



Date: _____

Township: _____

Name: _____

PIN#: _____

Address: _____

TO: Board of Review

I hereby request an extension of time for the above named property, in which to return evidence in support of my appeal.

I understand that the extension period is to be **NO LATER** than 15 days from the last date that complaints can be filed.

Last date that complaints can be filed is: **October 18, 2021**

TWO COPIES of all evidence must be submitted.

If you are submitting **additional** evidence but cannot meet the deadline, your hearing will be held on the evidence on file.

If you have presented no evidence and cannot meet the deadline, YOUR COMPLAINT MAY RESULT IN A FINAL DECISION OF "NO CHANGE."

Signature

Office Use Only

Board of Review:

Approved

Denied

Extension Date: _____

Initials: _____

BOARD OF REVIEW
1504 THIRD AVENUE, ROCK ISLAND, IL 61201
PHONE: (309)558-3670 FAX: (309)558-3658