

# PTAX-330 Application for Solar Energy Assessment

## Who should complete this form?

You should complete this form to request an alternate assessment if you are using a solar energy system that has been installed on your property. The solar energy system must conform to the standards established by the Illinois Department of Commerce and Economic Opportunity. You must file this form with the chief county assessment officer (CCAO) at the address shown below.

**Note:** Attach copies of receipts for cost and installation of the solar energy system. If you discontinue the use of the solar energy system valued under this alternate assessment, you **must** notify the CCAO in writing, by certified mail, within 30 days.

## 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 date you began using the solar energy system. **3** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**4** Check the type of solar energy for which the system is being utilized.

**a**  Hot water      **d**  Heating

**b**  Cooling      **e**  Generating electricity

**c**  Other (Describe in detail.)

\_\_\_\_\_

\_\_\_\_\_

**5 a** Describe in detail the use of the system.

\_\_\_\_\_

\_\_\_\_\_

**b** Write the amount of area that is served by the solar energy system, such as square feet or number of rooms.

\_\_\_\_\_

**6** Write the total installed cost of the solar energy system. **6** \_\_\_\_\_

**7** Write the property index number (PIN) of the property for which you are requesting this solar energy 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.

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Street address

\_\_\_\_\_ IL \_\_\_\_\_

City ZIP

## Step 2: Sign below

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

**If you have any questions, please call:**  
(\_\_\_\_\_) \_\_\_\_\_

**Mail your completed Form PTAX-330 to:**  
\_\_\_\_\_ County Chief County Assessment Officer

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

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

### For use by the CCAO

Do not write in this space.

Attach one copy of this document to the property record card.

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Approved  Yes  No

Denied  Yes  No

Date approved \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Date denied \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Reason for denial \_\_\_\_\_

\_\_\_\_\_