

Pre-election/Pre-appointment Certification Application

Please complete this form and return it to the department when you have met your pre-election/pre-appointment qualification requirement. After verification, the department will send you the necessary certification for filing with your local election officials.

Indicate the certification for which you are applying

Township assessor
CIAO _____
Introductory _____
Were you elected previously? Yes No Jurisdiction _____

Supervisor of assessments

Indicate the position

Appointed
 Elected
 Contractual

Indicate your time frame and intent

I plan to be appointed or enter into a contract on (write month and year) ____ / _____.
 I plan to file nominating papers in (write year) _____.
 I plan to participate in a caucus in (write year) _____.

Tell us the following information about yourself

Name _____ Social Security number ____ - ____ - ____
Number and street _____ Township of candidacy _____
City _____ State ____ ZIP ____ County of candidacy _____
Fax number _____ Email address _____
Home phone _____ Work phone _____
Cell phone _____

Sign here

Signature _____ Date _____

Mail this form to: ASSESSMENT EDUCATION UNIT MC 4-500
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19033
SPRINGFIELD IL 62794-9033

Call us at: **217 782-2818**
or fax: **217 782-9932**
or email: **rev.proptaxed@illinois.gov**

_____ For Illinois Department of Revenue Use Only _____

Certified _____ Date _____