Use your mouse or Tab key to move through the fields.

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
- **b** ☐ Cooling
- **c** ☐ Other (Describe in detail.)
- **d** ☐ Heating
- **e** ☐ Generating electricity

_____
_____

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

Date approved __ __/__ __/__ __ __ __
Month Day Year

Denied ☐ Yes ☐ No

Date denied __ __/__ __/__ __ __ __
Month Day Year

Reason for denial _____
_____

PTAX-330 (R-09/16)

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