

# 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 \_\_\_\_\_  
City \_\_\_\_\_ IL \_\_\_\_\_ 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:  
(309) 467-3708

Mail your completed Form PTAX-330 to:  
Woodford County Chief County Assessment Officer

115 N. Main St. Rm 101

Mailing address  
Eureka \_\_\_\_\_  
City \_\_\_\_\_ IL \_\_\_\_\_ ZIP \_\_\_\_\_ 61530

## 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 denied \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month Day Year

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

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