Use your 'Mouse' or 'Tab Key' to move through the fields and 'Mouse' or 'Space Bar' to fill check boxes.

Illinois Department of Revenue

PTAX-451

Supervisor of Assessments or Public Defender Salary Adjustment

PROPERTY TAX DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19033
SPRINGFIELD IL 62794-9033

Step 1: Complete the following information

1 County _____

2 Date of county board action __ __ / __ __ / __ __ __ __
Month Day Year

3 Annual salary $ _____

4 Effective date of salary increase or decrease __ __ / __ __ / __ __ __ __
Month Day Year

5 Check which certified copy you are attaching

☐ the resolution

☐ minutes of the meeting at which the county board approved the change in the annual salary for the office of supervisor of assessments or public defender.

Step 2: Complete the following information

6 Check who is receiving the salary adjustment

☐ supervisor of assessments

OR

☐ public defender

☐ full-time

☐ part-time

7 Social Security number __ __ __ - __ __ - __ __ __ __

8 _____
Name

_____
Address

_____
Address

_____
City State ZIP

Step 3: Sign below

I certify that the information on this form is true and correct to the best of my knowledge.

_____ __ __ / __ __ / __ __ __ __
Signature of the chairman of the board Month Day Year

State of Illinois }
}
_____ County }

I, _____, County Clerk in and for the county of

_____ and keeper of the records and seal, do hereby

certify that the above is true and correct.

_____ __ __ / __ __ / __ __ __ __
Signature of county clerk Month Day Year

This form is authorized in accordance with 35 ILCS 200/1-1 et seq. Disclosure of this information is REQUIRED.
This form has been approved by the Forms Management Center. IL-492-3106

Reset Print