

**AGREEMENT FOR LEGAL SERVICES**

This agreement for legal services ("**Agreement**") is made and entered into between \_\_\_\_\_ ("**Taxpayer**") and the **Law Office of Scott J. Linn, LLC ("**Attorney**")**, whose business address is 711 Pintail Street, Deerfield, IL. 60015, the terms and conditions of the agreement being as follows:

1. Taxpayer authorizes Attorney to represent Taxpayer with regards to the **2019 assessed valuation** placed on Taxpayer's property located at \_\_\_\_\_ ("**Property**") by the Chief County Assessment Office of Lake County ("**Assessment Office**"). Taxpayer authorizes Attorney to discuss the **2019 assessed valuation** with Taxpayer's local township assessor and if necessary, to file a written appeal(s) with the Lake County Board of Review ("**Board**").

2. Taxpayer will pay Attorney an upfront, legal fee of **\$65.00** regarding Attorney's preliminary review of the **2019 assessed valuation**. This **\$65.00** legal fee is totally unrelated to any legal fees owed to Attorney by Taxpayer as set forth in Paragraph 3 below.

3. If the **2019 assessed valuation** is reduced in response to Attorney's efforts on behalf of Taxpayer, then Taxpayer shall pay to Attorney a legal fee in the amount of **Thirty-three and 1/3% percent (33 and 1/3%)** of any **2019 tax savings** obtained resulting from a reduction in Taxpayer's **2019 assessed valuation**. However, if Attorney's efforts fail to reduce the **2019 assessed valuation** then the legal fee due to Attorney will be **-0-**.

4. The legal fee owed to Attorney as stated in Paragraph 3 above, is the difference between the **2019 assessed valuation** as originally proposed by the Assessment Office and the final **2019 assessed valuation** which has been reduced and then made subject to the existing State of Illinois Equalization factor and the Property's township tax rate.

5. Any legal fees owed to Attorney by Taxpayer as set forth in Paragraph 3 and 4 above shall be paid in full by Taxpayer within 30 days of Attorney issuing an invoice to Taxpayer for legal fees owed.

PIN: \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

EMAIL \_\_\_\_\_ (PRINT) TELEPHONE \_\_\_\_\_

BY \_\_\_\_\_ DATED \_\_\_\_\_