

REQUEST FOR CHANGE OF ADDRESS

(PLEASE PRINT CLEARLY)

THIS FORM WILL CHANGE THE MAILING ADDRESS ONLY, **NOT OWNERSHIP OF THE PROPERTY. PLEASE NOTE THAT THIS BILLING CHANGE WILL AFFECT MAILING OF ASSESSMENT NOTICES AND EXEMPTION RENEWALS, AS WELL AS TAX BILLS.**

PARCEL NUMBER: _____

NAME: _____

CURRENT ADDRESS: _____

(City, State Zip)

NEW MAILING ADDRESS: _____

(City, State Zip)

REASON FOR CHANGE: _____

Illinois Compiled Statutes, (35 ILCS 200/20-20), requires “no change of address shall be implemented unless the person requesting the change is the owner of the property, a trustee or a person holding the power of attorney from the owner or trustee of the property.”

I Certify that I am the owner, trustee or person holding Power of Attorney (copy of POA must be attached) for the owner and I authorize the above address change:

Signature / Date

Signature / Date

Daytime Phone for owner or agent

RETURN COMPLETED FORM TO:

**CHIEF COUNTY ASSESSMENT OFFICE
50 WEST DOUGLAS. SUITE 500
FREEPORT, IL 61032**