

# **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**