



TAX BILL - CHANGE OF ADDRESS FORM
Please complete and return to the address below.

Permanent Index Number (Parcel #) _____

Current Name as Assessed (Owner) _____

Property Address: (if applicable) _____

Please check the applicable box:

- This property is my primary residence
- This property is NOT my primary residence
- Not applicable - this property is not a residence

Name and Address **Tax Bill** Should be mailed to:

Name: _____

Street Address: _____

City/State/Zip: _____

Contact Phone Number: _____

Reason for change: (Please check applicable box)

- Relocated to a new address Change in mortgage/lending institution status
- Address correction Property Owner is deceased. If so, date _____
- Other (please explain) _____

I hereby certify that I am: (Please check the applicable box)

- The Property Owner
- A Trustee of the Property
- Person holding Power of Attorney

According to Illinois State Law, the County Collector may only make changes from one of the above classifications.

Signature

Date