

**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. ONLY THE PARCEL NUMBERS LISTED WILL BE CHANGED. IF MORE THAN ONE PARCEL NEEDS AN ADDRESS CHANGE, PLEASE MAKE A NOTE AND LIST ADDITIONAL PARCEL NUMBERS ON THE BACK OF THIS REQUEST.

PARCEL NUMBER: _____ - _____ - _____ - _____

NAME: _____

NEW MAILING ADDRESS: _____

(City, State, Zip)

DAYTIME PHONE NUMBER: _____

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

Printed Signature

**RETURN COMPLETED FORM TO:
SUPERVISOR OF ASSESSMENTS OFFICE
20 SOUTH 10TH STREET
MURPHYSBORO, IL 62966**