



ADDRESS CHANGE REQUEST

PLEASE PRINT CLEARLY

**If ownership is in a Trust, LLC, LTD, INC or Company name
you MUST attach papers naming authorized person(s) with their signature.**

PARCEL NUMBER: ___ - ___ - ___ - ___

Please check if this property is no longer your principal residence and know that ALL Exemptions will be removed the following January 1.

OWNER NAME(S): _____

CURRENT MAILING ADDRESS: _____

City State Zip

NEW MAILING ADDRESS: _____

City State Zip

REASON FOR CHANGE: _____

**** This form must be signed by the Owner of Record or Authorized Representative.
If Power of Attorney, Executor of Estate or Trustee, must attach copy of papers.**

By signing below, I Certify that I am the Owner or other Authorized Person and I authorize the above address change:

Signature - Title

Date

Signature - Title

Date

Daytime Phone

RETURN COMPLETED FORM TO:

MAIL: Chief County Assessment Office
DeKalb County Admin Bldg
110 E Sycamore Street
Sycamore, IL 60178

EMAIL: CCAO@dekalbcounty.org

FAX: 815-895-1684

PHONE: 815-895-7120

COMPLETION OF FORM CHANGES MAILING ADDRESS ONLY – NOT OWNERSHIP OF PROPERTY