



ADDRESS CHANGE REQUEST

PLEASE PRINT CLEARLY

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): _____

If owner is a LLC, INC or Company name attach papers naming authorized person(s) with their signature.

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