REQUEST FOR CHANGE OF ADDRESS

(PLEASE PRINT CLEARLY)

THIS FORM WILL CHANGE THE MAILING ADDRESS ONLY, ***NOT OWNERSHIP OF THE PROPERTY***

PARCEL NUMBER: __ __ - __ __ - __ __ __ - __ __ __

NAME: _____

CURRENT 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 AS NOTED BELOW FOR ACCEPTANCE OF THE ABOVE ADDRESS CHANGE.

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
DEKALB COUNTY ADMINISTRATION BUILDING
110 E. SYCAMORE STREET
SYCAMORE, IL 60178
815-895-7120 (PHONE)
815-895-1684 (FAX)