WARREN COUNTY SUPERVISOR OF ASSESSMENTS OFFICE 100 W Broadway Monmouth, IL 61462-1761 (309) 734-8561

Request of Address Change Form

This form will only change the mailing address for the property NOT THE OWNERSHIP

In accordance with 35 ILCS 200/20-20 of the Illinois State statutes all changes of address on tax bills must be authorized in writing by the owner of the property, trustee of the property or a person who has power of attorney from the owner or trustee of the property. (Exception, <u>notification from the United States Postal Service of a change of address</u>)

Parcel number(s):	signed pages if more space is required)	
(Attach additional	signed pages if more space is required)	
Name of Owner:		
Previous Address:		
	(City, State and Zip Code)	
	(city, state and zip code)	
Change being requested (Only fill in t	the section that applies):	
New mailing address for ALL mail:		
	(City, State and Zip Code)	
OR:		
New mailing address for tax bill only	:	
,	(Name of Bank or Escrow Company)	
	(City, State and Zip Code)	
Reason for change:		
I certify that I am the owner, trus above address change:	tee or person holding Power of Attorney for the owner an	nd I authorize the
Signature:	Date:	