

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, notification from the United States Postal Service of a change of address)

Parcel number(s): _____
(Attach additional signed pages if more space is required)

Name of Owner: _____

Previous Address: _____

(City, State and Zip Code)

Change being requested (Only fill in 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, trustee or person holding Power of Attorney for the owner and I authorize the above address change:

Signature: _____ Date: _____