

# **REQUEST FOR CHANGE OF ADDRESS**

(PLEASE PRINT CLEARLY)

THIS FORM WILL CHANGE THE MAILING ADDRESS ONLY, **NOT OWNERSHIP OF THE PROPERTY. PLEASE NOTE THAT THIS BILLING CHANGE WILL AFFECT MAILING OF ASSESSMENT NOTICES AND EXEMPTION RENEWALS, AS WELL AS TAX BILLS.**

PARCEL NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(City, State Zip)

NEW MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(City, State Zip)

REASON FOR CHANGE: \_\_\_\_\_

**Illinois Compiled Statutes, (35 ILCS 200/20-20), requires “no change of address shall be implemented unless the person requesting the change is the owner of the property, a trustee or a person holding the power of attorney from the owner or trustee of the property.”**

***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:**

**Supervisor of Assessment Office**

**Ogle County**

**P O Box 40**

**Oregon, Illinois 61061-0040**

Or by Fax to 815-732-6273 or email to [tblack@oglecounty.org](mailto:tblack@oglecounty.org)