

# **REQUEST FOR CHANGE OF ADDRESS**

(PLEASE PRINT CLEARLY)

**IN ORDER TO ENSURE YOU RECEIVE FUTURE TAX BILLS IN A TIMELY MANNER, PLEASE COMPLETE THIS FORM, SIGN AND RETURN WITH THE CORRECT PERMANENT ADDRESS.**

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:**

**BOARD OF REVIEW  
ATTN: AMY ROEVER  
100 S. MAIN STREET  
WATERLOO, IL 62298**