

PERRY COUNTY 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 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: _____

Phone Number for Owner of Agent: _____

Return Completed Form to: Perry County Supervisor of Assessments
P.O. Box 177
Pinckneyville, IL 62274