Randolph County Supervisor of Assessments
Change of Address Form

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. ONLY THE PARCEL NUMBERS LISTED WILL BE CHANGED. IF MORE THAN ONE PARCEL NEEDS AN ADDRESS CHANGE, PLEASE MAKE NOTE AND LIST ADDITIONAL PARCEL NUMBERS ON THE BOTTOM OF THIS SHEET.

PARCEL NUMBER: __ __ - __ __ - __ __ __ - __ __ __

NAME: _____

NEW MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DAYTIME PHONE NUMBER: _____

REASON FOR CHANGE: _____

Illinois complied 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 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 for the owner and I authorize the above address change.

_____ _____

Signature Date

LIST ADDITIONAL PARCEL NUMBERS HERE: