

# REQUEST FOR CHANGE OF ADDRESS

(PLEASE PRINT CLEARLY)

THIS FORM WILL CHANGE THE MAILING ADDRESS ONLY, **NOT OWNERSHIP OF THE PROPERTY**. PLEASE NOTE: YOU SHOULD ALSO CHANGE YOUR MAILING ADDRESS WITH THE CHIEF COUNTY ASSESSMENT OFFICE AS ASSESSMENT NOTICES AND EXEMPTION RENEWALS AND TAX BILLS RELY ON THE COUNTY'S INFORMATION.

PROPERTY ADDRESS: \_\_\_\_\_ PIN: \_\_\_\_\_

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

\_\_\_\_\_  
Daytime Phone for owner or agent

**RETURN COMPLETED FORM TO:**

**FREEPORT TOWNSHIP ASSESSOR  
PO BOX 426  
FREEPORT IL 61032  
815-232-6131**