

IROQUOIS COUNTY ASSESSMENT OFFICE

1001 East Grant Street, Watseka, Illinois 60970 Phone (815) 432-6978

Name / Address Change Request for Real Estate Tax Bills

This form will change the mailing address of your property tax bill, NOT THE OWNERSHIP of the property. "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." (35 ILCS 200/20-20)

SECTION 1: INSTRUCTIONS

- 1. Please fill the form out completely.
- 2. This form must be signed and dated by the owner of record. Please include a copy of your state issued I.D. and/or proof of ownership (Deed #, Certificate of Trust, Articles of Organization, etc.).
- 3. If the parcel is held in trust, the trust officer must sign this authorization. If your property is in trust, and you would like your tax bill mailed directly to you, you must have the bank send a letter on bank stationery to the Supervisor of Assessments, stating the trust number, parcel number, and where to mail the tax bills.
- **4.** When complete, please email the form to a Deputy Clerk listed on our website or mail the form to:

Iroquois County Assessment Office 1001 East Grant Street Watseka, Illinois 60970

5. Please call the Iroquois County Assessment at (815) 432-6978 with any questions.

SECTION 2: PROPERTY IDENTIFICATION (please print)				
	V	,	PIN Number:	
Owner Name(s):				
Street Address:				
SECTION 3: NEW INFOR	RMATION (please print)			_
Name(s):				
C/O:				
Telephone:		Email:		
Reason for Change:				
SECTION 4: SIGNATUR	ES			_
I certify that I am the legal owner of this property, a trustee of this property, or that I hold power of attorney for the owner or trustee.				
Signature of Owner			Date	
Do not write in this space.				
Date Accepted:				
Clerk's Initials:				
Date Entered:				
Clerk's Initials:				
				[Copy of State Issued I.D.]

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