



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
Watsseka, Illinois 60970
5. Please call the Iroquois County Assessment at (815) 432-6978 with any questions.

SECTION 2: PROPERTY IDENTIFICATION (please print)

PIN Number: _____

Owner Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

SECTION 3: NEW INFORMATION (please print)

Name(s): _____

C/O: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Reason for Change: _____

SECTION 4: ADDITIONAL PROPERTY OWNED (please print)

Please list all additional residential properties owned (if you need more space, please use the back of this paper).

Street Address	City	State	Zip
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Street Address	City	State	Zip
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Street Address	City	State	Zip
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SECTION 5: SIGNATURES

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
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Do not write in this space.

Date Accepted: _____

Clerk's Initials: _____

Date Entered: _____

Clerk's Initials: _____

Mailing Flags

Tax Bill ☐

Change Notice ☐

Delinquent Notice ☐

Exemption Notice ☐