

Please fill this form out if you would like to remove all exemptions from your primary residence in Champaign County Illinois.

Owner Name: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Site Address: \_\_\_\_\_

Date Moved/No Longer Primary Residence: \_\_\_\_\_

Tax Year Requested: \_\_\_\_\_

Primary Residence Address: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Is your new jurisdiction requesting documentation of exemption removal? ☐ Yes ☐ No

**I certify that I am the legal owner, trustee, or power of attorney for the owner of this property.**

\_\_\_\_\_  
AUTHORIZED WRITTEN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

If you would like to update where we are mailing your tax bill, please fill out the below information.

\_\_\_\_\_  
NAME (LAST NAME / FIRST NAME / MIDDLE INITIAL) OR COMPANY NAME

\_\_\_\_\_  
IN CARE OF

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY / STATE / ZIP CODE

Champaign County Supervisor of Assessments, 102 E. Main St., Urbana IL. 61801  
217-384-3760