NAME/ADDRESS CHANGE

Property Identification Number

RETURN TO

Chief County Assessment Officer
Brookens Administration Center
1776 East Washington Street
Urbana, IL 61802

Year | Twp #

OFFICE USE ONLY

Approved

Comments

Property Location (street/road address)

Date / /

Taxpayer Description of Parcel

❑ Property Owner ❑ Trustee ❑ Power of Attorney ❑ Other _____ Specify

Last Name **First Name**

Co-addressee

Address

City

State **Zip**

Daytime Phone

Notary Signature

Notary Date

Notary Seal

Upon oath, and under penalties of perjury as provided by law, I hereby affirm, represent, warrant and certify to the office of the Champaign County Treasurer that I am the legal, beneficial and/or equitable owner, trustee or agent for the owner or trustee for the above property and that I have the legal, equitable or actual authority to execute this instrument.

Rev. 10-00

Signature

Please print your Name

If submitting by mail, a copy of your driver's license is required or the form must be notarized.