

MAILING ADDRESS CHANGE FORM

Parcel Identification Number (PIN) _____ - _____ - _____ - _____ - _____

Property Address: _____

Parcel Identification Number (PIN) _____ - _____ - _____ - _____ - _____

Property Address: _____

Parcel Identification Number (PIN) _____ - _____ - _____ - _____ - _____

Property Address: _____

Owner Name/Address Information

PLEASE PRINT

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

IN CARE OF

ADDRESS

CITY / STATE / ZIP CODE

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

REASON FOR CHANGE

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

Notary Signature

Notary Date

Notary Stamp:

Send completed forms to Champaign County Assessment Office, 1776 E. Washington St., Urbana IL 61802
Phone number: 217-384-3760 Website: <https://www.co.champaign.il.us/ccao>

Approved By: _____ Comments: _____