

COMBINATION REQUEST

Please combine the following permanent numbers for revenue year _____.

PERMANENT NUMBERS _____ TAX CODE _____

TAX PAYER NAME AND
MAILING ADDRESS

ADDITIONAL NOTES

PHONE NUMBER

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SIGNATURE & DATE

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Please submit this form in person or by mail. If submitting by mail, please include a copy of your identification. Thank you.

Please return this form to: Supervisor of Assessments
1776 E. Washington St.
Urbana, IL. 61802