

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