

Stephenson County

ADDRESS CHANGE REQUEST

Chief County Assessment Office
50 W. Douglas St. Suite 502
Freeport, IL 61032

Phone: 815-235-8260
e-mail: PRC@stephensoncountyil.gov
website: www.stephensoncountyil.gov

This form will change the mailing address ONLY. **This will not change ownership of the property.** Please note that this billing change will affect the mailing of assessments notices, exemption renewals, and the tax bills. *Original Application must be signed and dated by the owner of record*

Step 1: Property Identification (please print)

Parcel Number: ___ - ___ - ___ - ___ - ___ (for multiple parcels, please list in Step 3)

Owner/Taxpayer Name(s): _____

Old Mailing Address (include City/State/Zip): _____

New Mailing Address (include City/State/Zip): _____

Daytime Telephone: _____

Email (optional): _____

Reason for Change: _____

Step 2: Signature(s) – Illinois Compiled Statutes, (35 ILCS 200/20-20), requires “no change of address shall be implemented unless the person requesting the change is the owner of the property, a trustee or a person holding the power of attorney from the owner of trustee of the property.”

I Certify that I am the owner, trustee, or person holding Power of Attorney for the owner and I authorize the above address change:

Signature: _____ Date: _____

Signature: _____ Date: _____

Step 3: For Multiple Parcels

(for more room, please list on back of form)

RETURN COMPLETED FORM TO:

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