

**McDonough County Supervisor of Assessments Office
#1 Courthouse Square
Macomb, Illinois 61455**

Request for Mailing Address Change, please complete the following:

IT IS THE CURRENT POLICY OF THE SUPERVISOR OF ASSESSMENTS TO HAVE THE HOMEOWNER'S SIGNATURE ON FILE WHEN REQUESTING THEIR TAX BILL BE SENT TO ANOTHER ADDRESS.

DATE: _____

PROPERTY ID #:

_____	_____
_____	_____
_____	_____
_____	_____

I WOULD LIKE MY TAX BILL(S) SENT TO THE FOLLOWING ADDRESS:

NAME: _____

ADDRESS: _____

CUSTOMER SIGNATURE: _____

CUSTOMER SIGNATURE: _____

DAYTIME PHONE: _____

PLEASE BE ADVISED THAT IF REQUEST IS MADE FOR A CHANGE OF NAME, THE PROPER DOCUMENTS CONVEYING OWNERSHIP MUST BE SUBMITTED, i.e. COPY OF DEED, WILL, OR OTHER LEGAL DOCUMENT CONVEYING RIGHTS TO PROPERTY.

THANK YOU.