

# Douglas County Supervisor of Assessments

401 S Center - Room 103

Tuscola, IL 61953

P:(217)253-3031 F:(217)253-9301

Cynthia Baer – Supervisor of Assessments

## Change of Name or Address Request Form

Any taxpayer wanting to change the mailing name or address of record for tax statement purposes must complete this form and submit it to the above office in person or via mail.

**Please note:** Douglas County does not mail tax statements directly to financial institutions through this addressing system. It is the responsibility of the property owner to forward statements on to their financial institution or for the institution to request a copy from the county. This allows property owners to receive any notices mailed from the Assessment Office, Treasurer Office or Board of Review such as assessment notices, exemption forms, etc.

Property Identification Number

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_  
\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Property Location

\_\_\_\_\_  
\_\_\_\_\_

### Mailing Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date you owned/moved to this address: \_\_\_\_\_

Please Specify:  Property Owner  Trustee  Power of Attorney

Other \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_/\_\_\_/\_\_\_

Upon oath, and under penalties of perjury as provided by law, I hereby affirm, represent, warrant and certify to the office in the Douglas County Assessment Office that I am the legal, beneficial and/or equitable owner, trustee, or agent for the owner or trustee for the above property and that I have the legal, equitable or actual authority to execute this instrument.

*Office use only*

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_