

# CHANGE OF ADDRESS FORM

Return To: **Supervisor of Assessments**  
**121 E. Washington St. Pittsfield, IL. 62363**

THE PIKE COUNTY TREASURER AND SUPERVISOR OF ASSESSMENT OFFICE'S PROCEDURES.

IN ACCORDANCE WITH (35 ILCS 200/20-20 OF THE ILLINOIS STATE STATUTES, ALL CHANGES OF ADDRESS ON TAX BILLS MUST BE AUTHORIZED IN WRITING BY THE OWNER OF THE PROPERTY, TRUSTEE OF THE PROPERTY OR A PERSON WHO HAS POWER OF ATTORNEY FROM THE OWNER OR TRUSTEE OF THE PROPERTY. (Exception, notification from the United States Postal Service of a change of address)

**OWNER, AS SHOWN ON TAX BILL:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMANENT INDEX/PARCEL NUMBER(S)** \_\_\_\_\_  
\_\_\_\_\_

## YOUR SIGNATURE IS REQUIRED

**TO CHANGE THE ADDRESS ON YOUR BILL TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOU AGREE TO THIS CHANGE OF ADDRESS AND TO THE ABOVE NAMED RECEIVING YOUR TAX BILL, PLEASE SIGN BELOW. (Note, if the above is a mortgage lender, they are required to forward a copy to you within 15 days of them receiving the bill (35 ILCS 200/20-10).

\_\_\_\_\_  
**(OWNER)**

\_\_\_\_\_  
**(OWNER)**

\_\_\_\_\_  
**(TRUSTEE)**

\_\_\_\_\_  
**(POWER OF ATTORNEY)**

\_\_\_\_\_  
**(DAYTIME PHONE NUMBER)**

\_\_\_\_\_  
**(DATE)**