

MOULTRIE COUNTY ASSESSMENT OFFICE
CHANGE OF ADDRESS FORM

EXCEPT FOR SIGNATURE LINE,
PLEASE CLEARLY PRINT ALL INFORMATION

DATE CHANGE OF ADDRESS FORM COMPLETED: _____

OWNER NAME: _____

CHANGE ADDRESS ON FOLLOWING PARCEL NUMBER(S):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OLD MAILING ADDRESS

NEW MAILING ADDRESS

c/o whom? (if other than property owner)

c/o whom? (if other than property owner)

Street Address or P.O. Box

Street Address or P.O. Box

City State Zip

City State Zip

EFFECTIVE DATE OF NEW ADDRESS: _____

IF NEW ADDRESS IS NOW YOUR PRIMARY RESIDENCE, DATE YOU MOVED TO NEW ADDRESS
(FOR HOMESTEAD EXEMPTIONS):

Month

Date

Year

ADDRESS CHANGE AUTHORIZED BY: _____
(PLEASE PRINT NAME) -- **MUST BE OWNER OR LEGAL REPRESENTATIVE OF OWNER OF PROPERTY**

IF NOT PROPERTY OWNER, PRINT TITLE

SIGNATURE OF ABOVE OWNER OR
LEGAL REPRESENTATIVE

DAYTIME TELEPHONE NUMBER (IF WE HAVE QUESTIONS): (_____) _____

IF THIS FORM IS NOT FULLY COMPLETED, YOUR ADDRESS CHANGE MAY NOT BE PROCESSED.

RETURN COMPLETED FORM TO:
CHIEF COUNTY ASSESSMENT OFFICER
MOULTRIE COUNTY ASSESSMENT OFFICE

10 South Main Street, Suite 8
Sullivan, Illinois 61951

Telephone: 217-728-4951

Fax: 217-728-9311