

WHITESIDE COUNTY
REAL ESTATE TAX BILL
CHANGE OF ADDRESS REQUEST FORM

According to the Illinois State Statute only these classifications of persons are permitted to make address changes

Property Owners (not contract owner)

Trustee

Power of Attorney from owner or trustee

Please print the information and be sure to list ALL PIN NUMBERS that you want this change to affect. Sign and return this form to the Supervisor of Assessments Office for the change of your billing address.

Thank You

PIN NUMBER _____

New Mailing Address:

Date: _____

Authorized Signature: _____

Return this form to: WHITESIDE COUNTY SUPERVISOR OF ASSESSMENTS
200 EAST KNOX STREET
MORRISON, IL 61270