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 owners)
  Trustee
  Power of Attorney from owner or trustee (Include copy of POA)

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 ___________________  PIN NUMBER ___________________

PIN NUMBER ___________________  PIN NUMBER ___________________

PIN NUMBER ___________________  PIN NUMBER ___________________

NEW MAILING ADDRESS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date: __________________________

Authorized Signature: __________________________

Phone # __________________________

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