



MACON COUNTY SUPERVISOR OF ASSESSMENTS

141 S Main ST STE 401 • Decatur, IL 62523
Telephone (217) 424-1364 • Fax (217) 424-1374
www.maconcounty.illinois.gov

CHANGE OF ADDRESS FORM

This authorization will only change the mailing address for information sent from the assessment office. To change the address for the tax bill, please contact the Macon County Treasurer's Office.

Parcel Numbers

____ - ____ - ____ - ____ - ____
____ - ____ - ____ - ____ - ____
____ - ____ - ____ - ____ - ____

PLEASE ENTER NEW INFORMATION:

Name		
C/O		
Street address		
City	State	Zip Code
Telephone Number		

I certify that I am the legal owner of this property, a trustee of this property, or that I hold power of attorney for the owner or trustee.

Date: _____ Signature: _____

Reason for change: _____

This form is not accepted by fax or email. Please return this completed form to the Macon County Supervisor of Assessments Office.

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Decatur, IL 62523