

RETURN TO: MACON CO TREASURER  
141 S MAIN-ROOM 302  
Decatur, IL 62523

# CHANGE OF NAME OR ADDRESS

PARCEL#: \_\_\_\_\_

ADDRESS or LEGAL \_\_\_\_\_

**COMPLETE THIS SIDE ONLY IF BILL IS TO  
BE MAILED TO YOU**

OWNER/ADDRESS

\_\_\_\_\_  
NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY - STATE - ZIP

**COMPLETE THIS SIDE ONLY IF BILL IS TO  
BE MAILED TO YOUR MORTGAGE COMPANY**

MORTGAGE/ESCROW

\_\_\_\_\_  
LOAN NUMBER

\_\_\_\_\_  
MORTGAGE - BANK

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY - STATE - ZIP

**SIGNATURE – Not valid unless signed by owner, trustee, or person holding power of attorney.**

35 ILCS 200/20-20

contract for deed buyers must also have deed holders signature to change address