



**MACON COUNTY TREASURER**  
**141 S MAIN ST ROOM 302**  
**DECATUR, IL 62523**  
**Phone 217-424-1426**  
**Fax 217-424-1331**

**CHANGE OF ADDRESS REQUEST FORM**  
**35 ILCS 200-20-20**

**Note: This form is for changing the name and address that property tax bills are mailed to. It does not change ownership of property or relieve a property owner's responsibility for payment of taxes.**

**PARCEL #** \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ &

**ADDRESS** \_\_\_\_\_

**NEW ADDRESS:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Reason for change \_\_\_\_\_

*I certify that I am the owner of record, trustee or person holding power of attorney for the owner (copy of POA must be attached) and I authorize the above address change. Contract for deed buyers must also have deed holder's signature to change address.*

***Change requested by***

\_\_\_\_\_  
Print name of property owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime phone number

Return completed form to:

**Macon County Treasurer**  
**141 S Main Room 302**  
**Decatur, IL 62523**