AUTHORIZATION TO CHANGE BILLING ADDRESS

To make a change of address for mailing purposes, the **owner** must sign an Address change request in the Supervisor of Assessments office or, if requesting by mail the **owner** must send a signed request for the change to the Supervisor of Assessments Office, Campbell Building, 901 Public Square, Benton, Illinois 62812.

Office Use Only

Mail By _____

Authorized By _____

Posted By _____

Date _____

Property Index Number(s) _____

_____

NOTE: PROPERTY INDEX NUMBER(S) MUST BE ON THIS REQUEST!

I, _____, hereby give my consent for future Real Estate Tax

Bills to be sent to the following person, institution, or address until otherwise notified by me:

Name: _____
(Please Print)

Address: _____
(Please Print)

City: _____ **State:** _____ **Zip:** _____
(Please Print)

Signature of Owner: _____ **Date:** _____

Phone Number: _____

Return To: **SUPERVISOR OF ASSESSMENTS**
901 PUBLIC SQUARE
BENTON IL 62812
(618) 435-9800 Press #2 for Campbell Building
Press #2 for Supervisor of Assessments