

**ADDRESS CHANGE FORM
FORD COUNTY ILLINOIS**

**THIS FORM WILL CHANGE THE MAILING ADDRESS ONLY
NOT OWNERSHIP OF THE PROPERTY**

PARCEL NUMBER: ___ - ___ - ___ - ___ - ___

NAME OF OWNER: _____

CURRENT ADDRESS: _____

City State Zip Code

NEW MAILING ADDRESS: % _____

Name % (if applicable)

Street Address and/or PO Box

City State Zip Code

REASON FOR CHANGE: _____

**THIS FORM MUST BE SIGNED BY THE OWNER OF RECORD OR AUTHORIZED
REPRESENTATIVE AS NOTED BELOW.**

I certify that I am the owner, trustee or person holding Power of Attorney (copy of POA must be attached) for the owner and I authorize the above address change:

Signature _____ Date _____

Daytime Phone for Owner or Agent: _____

Return Completed Form to:

Supervisor of Assessments

Ford County Courthouse

200 W. State Room 104

Paxton, IL 60957

217 379-9430