



MCHENRY COUNTY OFFICE OF ASSESSMENTS

MAILING ADDRESS: 2200 N SEMINARY AVE, WOODSTOCK, IL 60098

Location: 667 Ware Rd, Room 106, Woodstock, IL 60098

Phone 815-334-4290

Fax 815-334-4939

Website: www.mchenrycountyil.gov

e-mail: assessments@mchenrycountyil.gov

Robert H. Ross, ASA
Chief County Assessment Officer

Carol Saunders, CIAO-I
Chief Deputy

REQUEST FOR CHANGE OF ADDRESS

This form will change the mailing address of your assessment notices and tax bills. It **DOES NOT CHANGE THE OWNERSHIP** of the parcel.

PIN(s): ____ - ____ - ____ - ____ (Parcel Index Number)

____ - ____ - ____ - ____ (Parcel Index Number)

PROPERTY/SITE ADDRESS: _____

Is this property owner occupied?

____ NO, this property has not been owner occupied since _____
Date

____ YES, this property has been the primary residence since _____
Date

Please print information below:

OWNER(S): _____

Last Name

First Name

Last Name

First Name

NEW MAILING ADDRESS: _____

CITY

STATE

ZIP

PHONE NO: _____ **E-MAIL ADDRESS:** _____

Preferred method of communication, if necessary: PHONE____ E-MAIL____ US MAIL____

We will be unable to implement this request without the printed name, signature and proper documentation per section 20-20 of the Property Tax Code (35ILCS-200-20-2).

I certify, that I am the owner, trustee or person holding power of attorney for the owner and authorize the above name and address change. I have provided proper documentation (i.e. trust, marriage license/divorce decree, power of attorney) as proof of ownership. *You may be contacted for additional information, if necessary.*

Print Name(s): _____

Signature(s) _____ Date: _____

Upon completion of this form, please mail, fax or email it to the fax number or address listed above.