



**BOONE COUNTY
ASSESSMENT OFFICE**
1208 Logan Avenue
Belvidere, IL 61008
Phone 815-544-2958
Fax 815-544-3365

CHANGE OF ADDRESS REQUEST FORM

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.

DATE _____ PARCEL NUMBER ____ - ____ - ____ - ____

Current billing address:

New billing address:

Name

Name

Address

Address

City, State, Zip

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.

Change requested by

Print name of property owner

Signature

Date

Daytime phone number

Return completed form to:
Boone County Assessment Office
1208 Logan Avenue
Belvidere, IL 61008

OFFICE USE ONLY

Date of computer change _____