

**SANGAMON COUNTY SUPERVISOR OF ASSESSMENTS**

**SANGAMON COUNTY COMPLEX  
ROOM 210 200 S. 9TH STREET  
SPRINGFIELD, IL 62701**

**TELEPHONE 217/753-6805 FAX 217/535-3143**

IT IS THE CURRENT POLICY OF THE SUPERVISOR OF ASSESSMENTS TO HAVE THE HOMEOWNER'S SIGNATURE ON FILE WHEN REQUESTING THEIR TAX BILL BE SENT TO ANOTHER ADDRESS.

DATE: \_\_\_\_\_  
TAX ID #: \_\_\_\_\_  
(INDEX #) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I WOULD LIKE MY TAX BILL(S) SENT TO THE FOLLOWING ADDRESS:

NAME: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ MORTGAGE CODE: \_\_\_\_\_  
( IF APPLICABLE )

PLEASE BE ADVISED THAT IF REQUEST IS MADE FOR A CHANGE OF NAME, THE PROPER DOCUMENTS CONVEYING OWNERSHIP MUST BE SUBMITTED, i.e. COPY OF DEED, WILL, OR OTHER LEGAL DOCUMENT CONVEYING RIGHTS TO PROPERTY.

THANK YOU.