

**McLEAN COUNTY  
CHANGE OF ADDRESS FORM**

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1. Property Identification Number (PIN):    \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_

*If you do not have Parcel/PIN Number please include property address and/or legal description:*

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Legal Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2. Please complete the change of property owner and/or address change. **PLEASE PRINT**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME & INITIAL

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY & STATE

\_\_\_\_\_  
ZIP CODE

( \_\_\_ \_\_\_ \_\_\_ ) - \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_  
PHONE NUMBER (for verification)

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3. The following **MUST** be completed:

3-A. Tax bill should be mailed to:    \_\_\_ property owner    \_\_\_ loan company

**\*If tax bill is to be mailed to loan company please complete step 3-B.**

3-B. Name of loan company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

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4. According to Illinois law only these classifications of persons are permitted to make name/address changes.

- Property owner (not contract purchaser)
- Trustee
- Power of Attorney

<p><i>Return completed form to:</i> <b>Supervisor of Assessments PO Box 2400 Bloomington, IL 61702-2400</b></p>
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\_\_\_\_\_  
Authorized written signature

\_\_\_\_\_  
Authorized printed signature

\_\_\_\_\_  
Date