

MENARD COUNTY IL	Year: <input style="width: 100px;" type="text"/>
TAXPAYER CHANGE OF ADDRESS REQUEST FORM	

Current Owner(s):

Property Identification Numbers (PINs) or Parcel #'s:

REASON FOR CHANGE

Name Change: Change of Address Only: Contract for Deed:

Other:

Name 1: _____

Name 2: _____

Address: _____

City/State/Zip: _____

Would you like to add a Mail To Address: Y or N Or a Duplicate Bill: Y or N

Name 1: _____

Name 2: _____

Address: _____

City/State/Zip: _____

Date:

Taxpayer Signature:

DEPARTMENTAL APPROVAL AND PROCESSING

Process Change: _____ Department: _____

Date: _____ System: _____

Processed Change: _____ Department: _____

Date: _____ System: _____

Notes:

This form can be printed, completed, and then mailed or emailed to
Menard County using the mailing and email addresses on our website.

Please contact us if you have any questions...