

MARSHALL COUNTY

NAME/ADDRESS CHANGE

PLEASE NOTE: FORM MUST BE COMPLETED IN ITS ENTIRETY. ONLY THE PERMANENT ID NUMBERS LISTED BELOW WILL BE CHANGED.

PERMANENT ID# _____

REASON FOR CHANGE _____

PREVIOUS NAME/OWNER _____

PROPERTY ADDRESS: _____

MAIL TO DATA: PLEASE PRINT

NAME _____

STREET ADDRESS _____

P.O. BOX _____

CITY _____ STATE _____ ZIP _____

I AM THE _____ FOR THE PROPERTY.
(Owner, Trustee, Power of Attorney or Party Currently Receiving Tax Bill)

DATE: _____

SIGNATURE

PLEASE RETURN COMPLETED FORM TO: **Marshall County
Supervisor of Assessments
P.O. Box 328
Lacon, IL 61540**