

WHITESIDE COUNTY  
REAL ESTATE TAX BILL  
CHANGE OF ADDRESS REQUEST FORM

According to the Illinois State Statute only these classifications of persons are permitted to make address changes

Property Owners (not contract owner)

Trustee

Power of Attorney from owner or trustee

Please print the information and be sure to list ALL PIN NUMBERS that you want this change to affect. Sign and return this form to the Supervisor of Assessments Office for the change of your billing address.

Thank You

PIN NUMBER \_\_\_\_\_

PIN NUMBER \_\_\_\_\_

PIN NUMBER \_\_\_\_\_

PIN NUMBER \_\_\_\_\_

PIN NUMBER \_\_\_\_\_

PIN NUMBER \_\_\_\_\_

New Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Return this form to: WHITESIDE COUNTY SUPERVISOR OF ASSESSMENTS  
200 EAST KNOX STREET  
MORRISON, IL 61270