Rock Island County

PROPERTY TAX BILL CHANGE OF ADDRESS

DATE:_____

TAXPAYER NO._____

PARCEL NO._____

REASON FOR CHANGE:_____

PREVIOUS NAME/OWNER:_____

TO DATA PROCESSING

Last Name, First, Middle Initial (25 Positions)

Street Address, (25 Positions)

City, State (20 Positions) Zip Code (9 Positions)

CERTIFICATION

I CERTIFY THAT I AM THE OWNER, TRUSTEE, OR POWER OF ATTORNEY FOR THE ABOVE PROPERTY.

_____ _____

(Signature) **(Date)**

Please provide a contact phone number: _____

RETURN TO:

Louise A. Kerr
Rock Island County Treasurer
County Office Building
P.O. Box 3277
Rock Island IL 61204-3277

IF PROPERTY IS BEING PURCHASED ON CONTRACT, CONTRACT HOLDERS SIGNATURE IS NECESSARY TO CHANGE ADDRESS.