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<b>Office Use Only</b> Date Received: _____ Treasurer Change: _____ Assessor Change: _____
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### Property Tax Bill Address Change Request Form

*(This form affects assessment notices, exemption renewals and real estate tax bills.)*

Illinois Compiled Statutes, (35 ILCS, 200/20-20), requires “no change of address shall be implemented unless the person requesting the change is the owner of the property, a trustee or a person holding the power of attorney from the owner or trustee of the property.”

Name of Property Owner: \_\_\_\_\_

Taxpayer Description (other than property owner): \_\_\_\_\_

**New Information**      Permanent      Temporary      How Long? \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Property Identification Numbers

Site Address	City	Zip
Site Address	City	Zip
Site Address	City	Zip
Site Address	City	Zip
Site Address	City	Zip

I certify that I am the owner of record, trustee or person holding power of attorney for the owner *(copy of POA must be attached)* and I authorize the above address change.

Date: \_\_\_\_\_ Property Owner’s Signature: \_\_\_\_\_

**NOTE:** *If submitting by mail or email, this form must be notarized or a copy of your driver’s license is required.*

Date: \_\_\_\_\_ Notary’s Signature: \_\_\_\_\_

Notary’s Seal: