

MCHENRY COUNTY ASSESSMENTS OFFICE

Mailing Address: 2200 N. Seminary Ave.
Woodstock, IL 60098

Phone: 815-334-4290
www.mchenrycountyil.gov

Location: 667 Ware Rd.
Woodstock, IL 60098

Fax: 815-334-4939
assessments@mchenrycountyil.gov



Robert H. Ross, ASA
Chief County Assessment Officer

Jean Glorch, CIAO
Chief Deputy

REQUEST FOR CHANGE OF ADDRESS

This form will change the mailing address of your assessment notices and tax bills. It will **NOT CHANGE THE OWNERSHIP** of the parcel(s). When completed, please return via email, fax or regular mail to the number or address listed above.

Parcel Number (PIN): _____ - _____ - _____ - _____

Parcel Number (PIN): _____ - _____ - _____ - _____

Additional PINs can be attached to this form.

PROPERTY/SITE ADDRESS: _____

For residential parcels, is this property owner occupied?

____ NO, this property has not been owner occupied since _____
Date

____ YES, this property has been the primary residence since _____
Date

We will be unable to implement this request without the printed name, signature, and proper documentation per section 20-20 of the Property Tax Code (35ILCS-200-20). If the owner is a business, bank trust, or, if your name is not listed as the owner of record, please attach proof that you are authorized to make this change.

Owner(s): _____

New Mailing Address:

STREET

UNIT

CITY

STATE

ZIP

I certify that I am the owner, trustee or person holding power of attorney for the owner and authorize the above name and address change. I have provided proper documentation (i.e. trust, marriage license, power of attorney, business card) as proof of ownership. *You may be contacted for additional information, if necessary.*

Print Name(s): _____

Signature(s): _____ **Date:** _____

Phone No. _____ **Email address:** _____