



CHANGE OF NAME/MAILING ADDRESS

Parcel Index Number (s) (PIN or PINs):

Owner \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State IL Zip \_\_\_\_\_

Please change the name/mailing address on the PIN (s) listed above to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

This form must be signed by the owner of the PIN(s) listed above or by an authorized representative of the owner.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative