MCHENRY COUNTY OFFICE OF ASSESSMENTS
ADMINISTRATION BUILDING – SUITE 106
NORTH OF COURTHOUSE COMPLEX
2200 NORTH SEMINARY AVE.
WOODSTOCK IL 60098

PHONE: 815-334-4290 FAX: 815-338-8522
E-MAIL: assessments@co.mchenry.il.us

Robert H. Ross, ASA
Chief County Assessment Officer

Carol Saunders, CIAO-I
Chief Deputy

REQUEST FOR CHANGE OF ADDRESS

Please Print:

Permanent Index Number: __ __ - __ __ - __ __ __ - __ __ __

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Updated Address: _____

City: _____ **State:** _____ **Zip Code:** _____ - _____

Phone Number: _____ - _____ - _____
(Area Code) **Phone Number**

Site or (Local) Address:
Street Address: _____

Applicant has owned/occupied this property as his/her primary residence since _____ **(date)**

We will be unable to implement this request without the following signature and documentation per section 20-20 of the Property Tax Code (35ILCS-200/20-20):

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 the proper documentation as listed below to show proof of ownership.

Signature: _____ **Date:** _____

Please mail completed form and supporting documentation to the above address.

For Office Use Only:	**Documentation for Proof of Ownership:**
New Deed Recorded	
Certificate of Trust Agreement	
Marriage License	
Divorce Documents	
Death Certificate	
Power of Attorney	
Bank Certification Letter	
Other	

NOTE: Correspondence/activity regarding the above request was initiated on:

Action Denied: ☐ Yes ☐ No	Due to:	
Request Accepted: ☐ Yes ☐ No	by:	
Reviewed and keyed: ☐ Yes ☐ No	by:	