PROPERTY TAX BILL CHANGE OF ADDRESS

DATE: _____ PIN NO. _____

PARCEL NO. _____

REASON FOR CHANGE: _____

PREVIOUS NAME/OWNER: _____

MAIL FUTURE BILLS TO:

Last Name, First, Middle Initial (25 Positions)

Street Address or P.O. Box (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

RETURN TO:
ROCK ISLAND COUNTY TREASURER
COUNTY OFFICE BUILDING
PO BOX 3277
ROCK ISLAND IL 61204-3277

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