PROPERTY TAX BILL CHANGE OF ADDRESS

DATE: _____

PIN NO. _____

PARCEL NO. _____

REASON FOR CHANGE: _____

MAIL FUTURE BILLS TO:

Last Name, First, Middle Initial

Additional Mailing Instructions

Street Address or P.O. Box

City, State Zip Code

CERTIFICATION

I CERTIFY THAT I AM THE OWNER, TRUSTEE, OR POWER OF ATTORNEY FOR THE ABOVE PROPERTY.

SIGNATURE DATE

Please provide a contact phone number: _____

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.**