

# ***BROWN COUNTY ASSESSMENT OFFICE***

## **CHANGE OF ADDRESS FORM**

DATE CHANGE OF ADDRESS FORM COMPLETED: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

CHANGE ADDRESS ON THE FOLLOWING PARCEL NUMBER(S):

_____	_____	_____
_____	_____	_____
_____	_____	_____

OLD MAILING ADDRESS

NEW MAILING ADDRESS

\_\_\_\_\_  
c/o whom? (If other than property owner)

\_\_\_\_\_  
c/o whom? (If other than property owner)

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
Street Address or P.O. Box

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

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

EFFECTIVE DATE OF NEW ADDRESS: \_\_\_\_\_

IF NEW ADDRESS IS NOW YOUR PRIMARY RESIDENCE, DATE YOU MOVED TO NEW ADDRESS  
(FOR HOMESTEAD EXEMPTIONS):

\_\_\_\_\_  
Month

\_\_\_\_\_  
Date

\_\_\_\_\_  
Year

ADDRESS CHANGE AUTHORIZED BY: \_\_\_\_\_

(PLEASE PRINT NAME) – MUST BE OWNER OR LEGAL  
REPRESENTATIVE OF OWNER PROPERTY

\_\_\_\_\_  
IF NOT PROPERTY OWNER, PRINT TITLE

\_\_\_\_\_  
SIGNATURE OF ABOVE OWNER OR  
LEGAL REPRESENTATIVE

DAYTIME TELEPHONE NUMBER (IF WE HAVE QUESTIONS): ( \_\_\_\_ ) \_\_\_\_\_

IF THIS FORM IS NOT FULLY COMPLETED, YOUR ADDRESS CHANGE MAY NOT BE PROCESSED

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**RETURN COMPLETED FORM TO:**  
CHIEF COUNTY ASSESSMENT OFFICER  
*BROWN COUNTY ASSESSMENT OFFICE*  
200 Court Street, Room 3  
Mt. Sterling, IL 62353