



McLean County Supervisor of Assessments
115 E. Washington St.
PO Box 2400
Bloomington, Illinois 61702-2400
Phone (309) 888-5130
E-mail assessor@mcleancountyil.gov

CHANGE OF ADDRESS FORM

Parcel Identification Number (PIN): _____

Property Address: _____

New Name/Address Information

PLEASE PRINT

Name (Last Name / First Name / Middle Initial) or Company Name

In Care Of

Address

City / State / Zip Code

New Mortgage/Escrow Information Complete only if tax bill is to be mailed to the mortgage/escrow company
PLEASE PRINT

Mortgage or Escrow Company Name

Address

City / State / Zip Code

I certify that I am the legal owner, trustee, or power of attorney for the owner of this property.

Authorized written signature

Date

Print Name

Telephone Number

Email Address

Reason for Change