



# Sangamon County Supervisor of Assessments

200 South Ninth Street  
Springfield, IL 62701  
Telephone 217/753-6805 Fax 217/535-3143

It is the current policy of the Supervisor of Assessments to have the homeowner's signature on file when requesting their tax bill be sent to another address.

Index Number & Address of Property:

28-12.0-100-052

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I would like my tax bill(s) sent to the following address:

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please be advised that if request is made for a change of name, the proper documents conveying ownership must be submitted, i.e. copy of deed, will, or other legal document conveying rights to property.

Thank you.

\_\_\_\_\_ for office use only \_\_\_\_\_

Completed by: \_\_\_\_\_

Mortgage Code: \_\_\_\_\_  
(If applicable)