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 Prop	erty:
06-35.0-400-017	SHERMAN IL
I would like my tax bill(s) sent to	
Address:	
Signed:	
Signed:	
Daytime telephone:	
Email Address:	
Please be advised that if reques	t is made for a change of name, the proper documents conveying e. copy of deed, will, or other legal document conveying rights to
Thank you.	
	for office use only
Completed by:	Mortgage Code: (If applicable)