

PROPERTY OWNER AUTHORIZATION
CHANGE OF ADDRESS FORM

RETURN TO: Fulton County
 Supervisor of Assessments
 P. O. Box 283
 Lewistown, IL 61542-0283
 (309) 547-3041

I, _____

Whose address was _____

(City)

(State)

(Zip)

Hereby authorize the Office of the Fulton County Supervisor of Assessments:

_____ to send all property assessments and tax notices, including tax bills for the property listed below

OR

_____ to send all bills for the property listed below. (All other notices will be sent to the aforementioned address.)

Permanent Parcel Index No: _____

TO: (New Address: (Name): _____

Address: _____

City, State, Zip: _____

Current Phone No.: _____

Print Your Full Name: _____

Signature _____

Date: _____

Subscribed and sworn to before me this
_____ day of _____, 20__.

(SEAL)

Notary Signature: _____

This document will affect where the tax bills are mailed on this property.