

**DOUGLAS COUNTY  
SUPERVISOR OF ASSESSMENTS  
REQUEST FOR ADDRESS CHANGE**

Parcel ID # \_\_\_\_\_

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

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

\*\*\*\*\*

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

Reason for change: \_\_\_\_\_

Occupancy Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Address changes will not be made over the phone.  
All information must be provided.**

**Please mail or return to: Douglas County Supervisor of Assessments  
401 S. Center, Room 103  
Tuscola, IL 61953  
217.253.3031**

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Office Signature: \_\_\_\_\_

Date Received \_\_\_\_\_