

Paula K Leezer – Stark County
Treasurer Stark County Courthouse
130 W Main St / PO Box 309
Toulon IL 61483
P: 309-286-5901
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Office Use Only Date Received: _____ Treasurer Change: _____ Assessor Change: _____

Property Tax Bill Address Change Request Form

(This form affects assessment notices, exemption renewals and real estate tax bills.)

Illinois Compiled Statutes, (35 ILCS, 200/20-20), requires “no change of address shall be implemented unless the person requesting the change is the owner of the property, a trustee or a person holding the power of attorney from the owner or trustee of the property.”

Name of Property Owner: _____

Taxpayer Description (other than property owner): _____

New Information Permanent Temporary How Long? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Property Identification Numbers

Site Address	City	Zip
Site Address	City	Zip
Site Address	City	Zip
Site Address	City	Zip
Site Address	City	Zip

I certify that I am the owner of record, trustee or person holding power of attorney for the owner *(copy of POA must be attached)* and I authorize the above address change.

Date: _____ Property Owner’s Signature: _____

NOTE: *If submitting by mail or email, this form must be notarized or a copy of your driver’s license is required.*

Date: _____ Notary’s Signature: _____

Notary’s Seal: