



Jo DAVIESS COUNTY
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ADDRESS CHANGE FORM

This form will change the mailing address ONLY, NOT THE OWNERSHIP, as follows;

PARCEL NUMBER: _____

PROPERTY ADDRESS: _____

NAME: _____

OLD MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

REASON FOR CHANGE: _____

PHONE: _____

THIS REQUEST MUST BE SIGNED AND DATED BY THE OWNER OF RECORD

DATE: _____

SIGNATURE: _____

****Please mail, fax or e-mail this completed form to the above contact information****