



DAVID E RYAN  
SUPERVISOR OF ASSESSMENTS

**County of Peoria**  
**Mailing Address/Name Change Form**

**Office Use Only:**  
Twp Name: \_\_\_\_\_  
HE: Y/N Year \_\_\_\_\_  
HRE: Y/N Year \_\_\_\_\_  
SCAFE: Y/N Year \_\_\_\_\_

**Parcel ID Number** (10 Digit PIN Number) ex .00-00-000-000

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**Permanent Site Address:**

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Note: According to Illinois law only these classification of persons are permitted to make name & address changes to this form:

**\*Property Owner      \* Power of Attorney      \* Trustee**

MAIL TO: (Check One & Complete A or B)

**Property Owner** \_\_\_\_\_ **Mortgage Company** \_\_\_\_\_ **POA** \_\_\_\_\_ **Other (write in)** \_\_\_\_\_

**A**

Last Name	
First Name & Initial	
Address	
City & State	
Zip Code + 4	

**B**

Company Name/Other	
Address	
City & State	
Zip Code + 4	

**Status of Dwelling (Check One)**

**Is this Mailing Address Change (Check One)**

- Contract Sale
- Demolished For Sale
- Primary Residence
- Rented
- Vacant
- Other \_\_\_\_\_

- Permanent
- Temporary/How Long \_\_\_\_\_
- Nursing/Assisted Living Facility

**Additional Information:** Any Owner(s) of the property deceased? Y/N \_\_\_\_\_

If Yes, Please provide Name \_\_\_\_\_ and Deceased Date: \_\_\_\_\_

Note: Documents may be requested

Comments:

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**Property Owner's Signature Required** \_\_\_\_\_ **Date** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

PLEASE RETURN TO:  
Peoria County Supervisor of Assessments  
Attn: Mailing Address/Name Change  
324 Main Street Room 301  
Peoria, IL 61602-1338  
FAX: (309) 672-6075  
Email: [AssessorOfficeMail@peoriacounty.org](mailto:AssessorOfficeMail@peoriacounty.org)