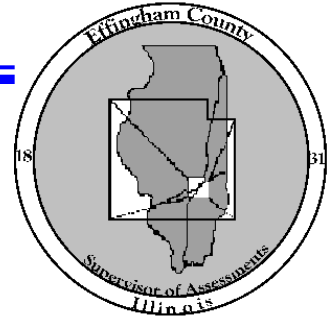


# Effingham County Supervisor of Assessments



Pamela Braun, Supervisor  
101 North Fourth Street, Suite 400  
Effingham, IL 62401  
Telephone (217) 342-6711  
Email: [assessor@co.effingham.il.us](mailto:assessor@co.effingham.il.us)

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

## Change of Name/Address Form MUST BE RETURNED TO OUR OFFICE

The policy of the Effingham County Supervisor of Assessments' Office, concerning a name change, is to have the property owner's signature accompany any request to have their tax bills sent to another address. If the request is to change the name as it appears on the tax records, proper documents must accompany the request, i.e. copy of a deed, copy of a will, or other instruments that convey ownership rights.

### Property Index Numbers: (REQUIRED- ONLY PARCELS LISTED WILL BE CHANGED)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Name change reason:

Marriage    Divorced    Death (Received by    Joint Tenancy    Will    Probate)

New Name/Address is:    an/a Escrow/Mortgage Account    a Trust

### New Name/Address:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Old Name/Address:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Date Moved to New Address (REQUIRED):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Taxpayer's Signature (REQUIRED):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Office Use Only:

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Date Mailed/Initial: \_\_\_\_\_