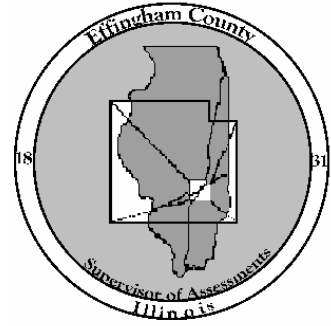


Effingham County Supervisor of Assessments

Jeffrey L. Simpson
101 North Fourth Street
Suite 302
Effingham IL 62401
Phone (217) 342-6711
Fax (217) 342-6124
E-Mail assessor@co.effingham.il.us



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 bill 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.

Date: _____ Date of occupancy: _____

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

_____	_____	_____
_____	_____	_____
_____	_____	_____

Name change reason: Married____ Divorced____ Death____ (Received by Joint Tenancy____ Will____ Probate____)

New Name/Address: Name: _____ **Old Name/Address:** Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Taxpayer's Signature: **(REQUIRED)**

Office Use:

Completed by: _____ Date: _____ Mort. Code _____