

CHRIS SLUSSER
Madison County Treasurer

**REQUEST FOR MAILING
ADDRESS CHANGE**

Parcel ID#:

_____-_____-_____-_____-_____-_____-_____-_____.

Additional Parcel ID# (if needed):

_____-_____-_____-_____-_____-_____-_____-_____.

CORRECTED MAILING

Name (1): _____

Name (2): _____

Address: _____

City State Zip: _____

Owner's Name: _____

Person Requesting Change: _____

Person's Phone #: _____

E-mail Address: _____

Signature (REQUIRED): _____

**If you are signing with a POA or Trustee please provide documentation.*

Date: _____

Duplicate Bill Needed: *Yes* *No*

RETURN FORM TO:
P.O. BOX 729
EDWARDSVILLE, IL 62025

OR FAX TO:
(618-692-7020)

You can also e-mail your change of address to:
madcotreas@madisoncountyil.gov