



**Coles County, Illinois**  
**Change of Mailing Address / Name**  
**COLES COUNTY SUPERVISOR OF ASSESSMENTS OFFICE**

Coles County Courthouse  
651 Jackson Avenue  
Room 133  
Charleston, IL 61920

Phone: (217) 348 – 0508  
Fax: (217) 348 – 7363  
e-Mail: [assessment@co.coles.il.us](mailto:assessment@co.coles.il.us)  
Online: [www.co.coles.il.us/sofa/index.htm](http://www.co.coles.il.us/sofa/index.htm)

**Section 1: Instructions**

1. This form is to change the mailing address or name of record for assessment notices and real-estate property tax bills.
2. Please fill the form out completely.
3. If a change of name is requested, the proper documentation must be provided with this form, examples of which are:
  - Copy of deed
  - Power of attorney
  - Trust documents
  - Wills
4. This form must be signed and dated by the owner of record or authorized representative.

**Section 2: Mailing Address / Name Information (Please Print)**

Owner Name(s): \_\_\_\_\_

C/O: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Section 3: Documentation (Please Print)**

Date of Written Instrument: \_\_\_\_\_ Type of Written Instrument: \_\_\_\_\_

Other Information: \_\_\_\_\_

**Section 4: Property Information (Please Print)**

Parcel Index Number(s):	Property Address:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Section 5: Oath**

I certify that I am the legal owner, trustee, or that I hold power of attorney for the owner or trustee of the properties listed above.

By signing below, all future assessment notices and real-estate property tax bills will be mailed to the owner and mailing address shown above.

Signature of Owner/Authorized Representative: \_\_\_\_\_

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