



Supervisor of Assessments

LIVINGSTON COUNTY

112 W Madison St, Pontiac, IL 61764

Phone 815/844-7214

Fax 815/844-2324



MAILING/NAME CHANGE REQUEST

Current Owner(s): _____

Property Address: _____

Property Index Number(s)

Reason for change:

Name Change Reason for Change: _____

Address Change Date of Change: _____

Other (please explain) _____

NEW PARCEL INFORMATION:

Name Change: _____

Mailing Address: _____

I hereby certify that I am the owner, trustee, or person having power of attorney for the owner of the parcels listed above and have the authority to request this change.

Requester's Name _____

Requester's signature _____

Phone: _____

Date _____

This form does not change the deed or the ownership of the property. This change is for mailing purposes only.