

# Kankakee County Supervisor of Assessments

## Mailing Change Request

Effective year: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

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

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

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

- Change mailing address for all parcels under same ownership
- All correspondence
- Tax bill only
- Name change or site address correction  
(provide appropriate documentation)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner Signature: \_\_\_\_\_

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

**Mail completed form along with a photocopy of Driver's License or  
State ID to: Kankakee County Supervisor of Assessments Office 189 E  
Court St. Kankakee, IL 60901 or Fax to 815-936-5631.**