

REQUEST FOR ADDRESS OR PARCEL CHANGE
ASSESSMENT YEAR _____

This form is required to be filled out and signed before any changes will be made to a property in Knox County. When completed please deliver or mail to the Knox County Assessment office. (Unless a request is received by a legal entity)

1. Name: _____ Twp.: _____ Parcel No.: _____

2. **Now Reads:** Please fill in ONE or More of the fields that need changed

Ownership: _____

Name: _____

Address: _____

Other: _____

NOTE: Legal Documents will be required for some changes.

What it should read as follows:

3. **Reason for change:** _____

4. Owner: _____ Legal POA: _____ Trustee: _____ Other: _____

5. E-mail: _____ Cell Phone Number: _____

6. Print Name: _____ Date requested: _____

7. Signature: _____

Please return form to: info.assessor@knoxcountyil.gov Or
121 S Prairie Street, Suite 1
Galesburg, IL 61401

INTERNAL USE ONLY

ASSESSOR NOTIFIED (IF NECESSARY) _____

DEVNET CORRECTED _____ PRC CHANGED _____

EXEMPTION ADDED/REMOVED _____

ASSESSOR BOOK CHANGED (IF NECESSARY) _____

CHANGE MADE BY _____

DATE CHANGES MADE _____