

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.