

ALEXANDER COUNTY
2000 Washington Avenue
Cairo, IL 62914
618-734-7011

ADDRESS CHANGE FORM

Date: _____

I do hereby request Property ID Number(s) be changed:

To be send to my attention that all Assessment Notices and Tax Bills for my property.

PLEASE PRINT YOUR NAME AND BILLING ADDRESS;

Name _____

Address _____

City: _____

Phone: _____

Email: _____

Your Signature