

Office Use Only
Computer _____

**SUPERVISOR OF ASSESSMENTS
MERCER COUNTY COURTHOUSE
100 S.E. 3RD ST.
ALEDO, IL 61231
Ph.#(309) 582-7814
Fax# (309)582-2541**

Request for: REVISION OF REAL ESTATE TAX ROLL

This document will affect where the tax bills are mailed on this property.

Twp. _____
Acres _____
Split? Yes () No ()

Reason for change: Change of Ownership () by: Deed () Contract () Will ()
Other _____ Change of Address () Spelling ()

Is the Document recorded? Yes () No () If **NOT** a copy must be attached.

Change from: _____ c/o _____
(Name)

(Street/PO Box)

(City, State & Zip)

**Permanent Parcel Index #(s):
and/or Legal Description:**

Change to: _____ c/o _____
(Name)

(Street/PO Box)

(City, State & Zip)

For Assessment Year _____ Change Requested By: _____
Payable _____
Date _____ PHONE # _____

(REQUIRED)