

Office Use Only
Book ___ Prc ___ Comp ___

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

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)

INDEX NO. and/or
Legal Description:

Change to: _____ c/o _____
(Name)

(Street/PO Box)

(City, State & Zip)

For Assessment Year _____
Payable _____
Date _____

Change Requested By: _____

PHONE # _____