

**CHRIS SLUSSER**  
**Madison County Treasurer**

**REQUEST FOR MAILING  
ADDRESS CHANGE**

Parcel ID#:

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Additional Parcel ID# (if needed):

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**CORRECTED MAILING**

Name (1):

\_\_\_\_\_

Name (2):

\_\_\_\_\_

Address:

\_\_\_\_\_

City State Zip:

\_\_\_\_\_

Owner's Name:

\_\_\_\_\_

Person

Requesting change:

\_\_\_\_\_

Person's Phone #:

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Signature (REQUIRED):

\_\_\_\_\_

Date request was taken:

\_\_\_\_\_

Employee filling out request:

\_\_\_\_\_

**RETURN FORM TO:**

P.O. BOX 729  
EDWARDSVILLE, IL 62025

**OR FAX TO:**

(618) 692-7020

**You can also e-mail your change of  
address to:**

**madcotreas@co.madison.il.us**