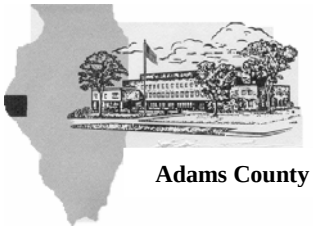

MOBILE HOME TAX BILL
NAME/ADDRESS CHANGE
ADAMS COUNTY

(This form will change the mailing address only, NOT THE OWNERSHIP)

Georgia Volm
Adams County Clerk
507 Vermont St.
Quincy, IL 62301
Office: (217) 277-2150
Fax: (217) 277-2155

Mobile Home Identification Number **Date**

☐☐ ☐☐☐☐ ___/____/____

Mobile Home Location (Street/road address)

Street Address _____

City, State, Zip _____

Taxpayer Description (please check appropriate box)

☐ Property Owner ☐ Trustee ☐ Power of Attorney

☐ Other _____
Specify

Mailing Address Requested on Tax Bill

(The name on the bill will not change; only the mailing address may be changed. The address change may include the name(s) of individual(s) whose attention the bill is being sent to.)

% _____ _____ _____
Last Name First Name Middle

% _____ _____ _____
Last Name First Name Middle

_____ _____ _____
Address City, State Zip

Under oath, and under penalties of perjury as provided by law, I hereby affirm, represent, warrant and certify to the office of the Adams County Clerk that I am the legal, beneficial and/or equitable owner, trustee or agent for the owner or trustee for the property listed and that I have the legal, equitable or actual authority to execute this instrument.

Please Sign and Print

_____ Daytime Phone _____
Authorized Written Signature

_____
Printed Name

NOTE: If submitting by mail, a copy of your driver's license is required or the form must be notarized.

_____ _____
Notary Signature Notary Date

Notary Seal: