

Please fill this form out if you would like to remove all exemptions from your primary residence in Champaign County Illinois.

Owner Name: _____

Parcel Number: _____

Site Address: _____

Date Moved/No Longer Primary Residence: _____

Tax Year Requested: _____

Primary Residence Address: _____

Reason for Change: _____

Is your new jurisdiction requesting documentation of exemption removal? Yes No

I certify that I am the legal owner, trustee, or power of attorney for the owner of this property.

AUTHORIZED WRITTEN SIGNATURE

DATE

PRINT NAME

TELEPHONE NUMBER

EMAIL ADDRESS

If you would like to update where we are mailing your tax bill, please fill out the below information.

NAME (LAST NAME / FIRST NAME / MIDDLE INITIAL) OR COMPANY NAME

IN CARE OF

ADDRESS

CITY / STATE / ZIP CODE

Champaign County Supervisor of Assessments, 1776 E. Washington St., Urbana IL. 61802
217-384-3760