



DAVID E RYAN  
SUPERVISOR OF ASSESSMENTS

**Office Use Only:**  
Twp Name: \_\_\_\_\_  
HE: Y/N Year \_\_\_\_\_  
HRE: Y/N Year \_\_\_\_\_  
SCAFE: Y/N Year \_\_\_\_\_

**County of Peoria  
Contract for Deed Mailing Address Change**

Parcel ID Number (10 Digit PIN Number) ex .00-00-000-000

\_\_\_\_\_

Permanent Site Address:

\_\_\_\_\_

**MAIL TO: CONTRACT BUYER**

Last Name	
First Name & Initial	
Address	
City & State	
Zip Code + 4	

**Status of Dwelling for Contract Buyer (Check One)**

- |  |  |
|--|--|
| <input type="checkbox"/> Contract Sale     | <input type="checkbox"/> Demolished For Sale |
| <input type="checkbox"/> Primary Residence | <input type="checkbox"/> Rented              |
| <input type="checkbox"/> Vacant            | <input type="checkbox"/> Other _____         |

**Additional Information:** Any Owner(s) or Contract Buyer (s) of the property deceased? Y/N \_\_\_\_\_  
If Yes, Please provide Name \_\_\_\_\_ and Deceased Date: \_\_\_\_\_  
Note: Documents may be requested

Contract for Deed Recorded: Yes or No \_\_\_\_\_  
If Yes, Document Number \_\_\_\_\_  
Contract Date: \_\_\_\_\_

<b>OWNER'S PRINTED NAME:</b>
PROPERTY OWNER'S SIGNATURE REQUIRED: _____ DATE: _____
X
<b>TELEPHONE NUMBER:</b>

Request: I/we, the owner(s) request that all applicable correspondence, including real estate tax bills, be mailed to the contract buyer(s) listed.

*\* It is the owner's responsibility to ensure the tax bill is paid\**

PLEASE RETURN TO:  
Peoria County Supervisor of Assessments  
Attn: Mailing Address/Name Change  
324 Main Street Room 301  
Peoria, IL 61602-1338  
FAX: (309) 672-6075  
Email: [AssessorOfficeMail@peoriacounty.org](mailto:AssessorOfficeMail@peoriacounty.org)