



City of Chicago Department of Finance
Utility Billing & Customer Service
P.O. Box 6330
Chicago IL 60680-6330

Owner Name/Mailing Address Change Form

***Account Number:** _____

Customer Code

Premises Code

***Premises Address:** _____

***Current Owner Name:** _____

(as currently listed on bill)

Last

First

*** Property Index Number:** _____ - _____ - _____ - _____ - _____

(Found on Property Tax Bill)

***Phone Number:** _____

Email Address: _____

If requesting to change Mailing Address, please complete this section:

Mailing Address:

Number Dir Street Suite #/Floor

City State Zip Code

Attention Name

Email Address

If requesting to change owner name, please complete this section:

New Owner Name: _____

Last

First

Date of Purchase/Closing: _____

Was a Full Payment Certificate obtained Yes/No? _____

Please note: If the Department does not have a record of the Full Payment Certificate from your closing, you may be required to provide us with a copy of the deed, closing statement and/ or full payment certificate.

The undersigned Applicant on oath deposes and says that (s)he is responsible for utility bills for the above premises and that (s)he is subject to penalties for perjury or falsification herein.

Print Name: _____

Signature: _____

Date: _____

**Required Field*