



City of Chicago
Department of Revenue
Water Billing & Collections Division
333 S. State St, LL10
Chicago, Illinois 60604

Owner Name/Mailing Address Change Form

***Account Number:** _____
Customer Code Premise Code

***Premise 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

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.

Print Name: _____

Signature: _____ **Date:** _____

**Required Field*