DIVISION OF REAL ESTATE
ADDRESS CHANGE FORM

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
Division of Real Estate
320 West Washington Street
Springfield, Illinois 62786
fpr.realestate@illinois.gov

LICENSEE PREVIOUS INFORMATION:

LICENSE NO. _____

*NAME _____

ADDRESS _____

CITY, COUNTY, STATE, ZIP CODE _____

TELEPHONE # (_ _ _) _ _ _ - _ _ _ _ EMAIL ADDRESS_____

LICENSEE'S NEW ADDRESS:

MAILING ADDRESS _____
(MUST BE A STREET ADDRESS, P.O. BOXES ARE NOT ACCEPTABLE)

CITY, STATE, ZIP CODE _____

TELEPHONE # (_ _ _) _ _ _ - _ _ _ _

EMAIL ADDRESS:_____

SIGNATURE _____ DATE _____

If you have any questions, please email our office at: fpr.realestate@illinois.gov.

***If you need to change your name, please send documentary proof to the address below (i.e., certified or photocopy of a marriage certificate, divorce decree, or court order.)**

Return Form To:
Illinois Department of Financial and Professional Regulation
Division of Real Estate
320 West Washington Street
Springfield, Illinois 62786
Fax: 217-782-3390
Email: fpr.realestate@illinois.gov