

REQUEST FOR MAILING ADDRESS CHANGE

Return to: Lake County Property Appraiser
Attn: Address Change
320 W. Main St. Suite A
Tavares, FL 32778-3831

INSTRUCTIONS:

Use this form to request a change of mailing address on the tax roll records for property located in Lake County. Complete all 6 sections.

1. Owner Name: (Print name as listed on tax roll record) _____
If the property is residential and this request is being presented by anyone other than the property owner, a Power of Attorney or a Letter of Authorization from the owner must be supplied. If this request is for a commercial business or organization, state your title/position at the bottom of this form in the space provided.

2. Alternate Key / Parcel / Account Number: _____
List the 7 digit Alt Key number or parcel number for each parcel to be changed – the Alt Key or parcel number can be found at www.lcpafl.org. For Tangible Personal Property, list the account number. Attach additional page if needed or check the box "YES" in section 5 below if this request is to apply to ALL parcels/accounts of this ownership and former mailing address.

3. Do any of the above parcels have property tax exemptions? YES NO
(Example: Homestead Exemption, Religious or Organizational Exemption, Agriculture, etc.)

If you answered NO, skip to section 4. If you answered YES, answer the following questions.

- Do you still reside on the above referenced property? YES NO
- If no, what was your last date of occupancy? _____
- Is the property rented to someone else? YES NO
 If yes, what was the date the property became a rental? _____
- I authorize the removal of exemptions to which I am no longer entitled. YES NO

Notice: 196.131 (2), Florida Statutes, provides that any person who knowingly gives false information for the purpose of claiming Homestead Exemption shall be guilty of a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding (one) 1 year or a fine not exceeding \$5000 or both.

4. The old address was: _____

5. I desire the following NEW mailing address to apply to ALL parcels/accounts on the tax roll records listed under the above named ownership and former address:
(select one) YES, apply to all. NO, apply only to the parcels/accounts listed above or attached.

6. PLEASE CHANGE THE MAILING ADDRESS TO:

Address _____

City, State, Zip Code _____

Province, Country, Postal Code _____

Signature (Person completing this form) _____

Print Name _____ Title (if applicable) _____

Daytime Phone (required) _____ Date _____

This form must be completed in its entirety and signed. Incomplete forms will not be processed.

For Internal Use Only.

Property Appraiser Deputy: _____ Date processed _____ Assessment roll year 20 _____

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