



# 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](http://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.**

<p>For Internal Use Only.</p> <p>Property Appraiser Deputy: _____ Date processed _____ Assessment roll year 20 _____</p> <p>Rev 01_14_2016</p>
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