



# AFFIDAVIT OF CHANGE IN TANGIBLE PERSONAL PROPERTY

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

**INSTRUCTIONS:** Use this form to request a change in the Tangible Personal Property records due to a change in the business name or the sale, or closure, of a business.

You may return this form by mail, fax or email. Fax (352) 253-2169 Email [TPP@lcpafl.org](mailto:TPP@lcpafl.org)

Alternate Key \_\_\_\_\_ and/or Account Number \_\_\_\_\_

## Business Name Change

Old or Former Business Name \_\_\_\_\_

Old Mailing Address \_\_\_\_\_

Old Site Address (physical address only—no PO Boxes):

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New or Current Business Name \_\_\_\_\_

New Mailing Address \_\_\_\_\_

New Site Address (physical address only—no PO Boxes):

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Sale or Closure of Business

I am no longer a business owner in Lake County as of \_\_\_\_\_ due to the following reason(s):  
(date)

☐ The business was sold (please attach a copy of the bill of sale)

Date of Sale \_\_\_\_\_ Sale Price \_\_\_\_\_

Buyer \_\_\_\_\_

Seller \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ The business was relocated to (physical address only--no PO Boxes):

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ The business terminated and the assets were:

☐ Retained in storage at the following location:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ Abandoned on site

☐ Destroyed or otherwise disposed of

☐ Retained for personal use

**I certify that the above information is true and accurate.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Title \_\_\_\_\_