



**ADDRESS CHANGE REQUEST FORM**

PLEASE COMPLETE AND RETURN THIS FORM IF YOU WISH TO CORRECT OR CHANGE THE MAILING ADDRESS AND/OR ZIP FOR YOUR PROPERTY

**PARCEL ID NUMBER(S)**

2 DIGITS

2 DIGITS

2 DIGITS

3 DIGITS

4 DIGITS

4 DIGITS

SEC	TWP	RGE	SUB	BLOCK	LOT

PREVIOUS MAILING ADDRESS	NEW MAILING ADDRESS
NAME:	NAME:
ADDRESS 1:	ADDRESS 1:
ADDRESS 2:	ADDRESS 2:
CITY:	CITY:
STATE:                      ZIP:	STATE:                      ZIP:

REASON FOR CHANGE: \_\_\_\_\_

OWNER/AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

YOU MAY FAX THIS FORM TO: 407-665-7924

OR

MAIL TO:

SEMINOLE COUNTY PROPERTY APPRAISER

1101 EAST FIRST ST

SANFORD, FL 32771

OR

SEND AN EMAIL REQUESTING YOUR ADDRESS BE CHANGED TO [SYBIL@SCPAFL.ORG](mailto:SYBIL@SCPAFL.ORG)