



PROPERTY MAILING ADDRESS CHANGE REQUEST

1. Owner Name: (Please Print) _____

If this request is being presented by anyone other than the owner, a Power of Attorney or a Letter of Authorization from the owner **must** be supplied.

2. Parcel Identification Number: List the 17 digit parcel number (Ex: 17-21-29-501-0000-0010) for each parcel to be changed - parcel number can be found at **www.scpafl.org**.

3. DO ANY OF THE ABOVE PARCELS HAVE EXEMPTIONS? YES ☐ NO ☐

(Example: Homestead, Wholly Exempt, Agriculture, etc.)

If you answered no, please skip to section 4. Otherwise, all questions must be answered in this section. If yes, please complete the "Statement of Intent to Surrender/Abandon Homestead" form located on our website.

Please state the reason for this change of mailing address:

Do you reside on the above referenced property? YES ☐ NO ☐

If no, last date of occupancy? _____

Is property rented? YES ☐ NO ☐ If yes, date property became rental? _____

Is property occupied during your absence? YES ☐ NO ☐ If yes, name: _____

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. CHANGE THE MAILING ADDRESS TO:

Address: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: _____

Print Name: _____ Signature: _____

Title: _____

Daytime Phone: _____ Date: _____

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

Return to:

Seminole County Property Appraiser
1101 East First Street
Sanford, FL 32771
Attn: Support Services

OR

Fax to: 407-665-7924
Attn: Data Entry

OR

Scan completed
document and
email to:

addresschange@scpafl.org

Phone: 407.665.7506