



**IMPERIAL  
POLK COUNTY**  
Property Appraiser  
Marsha M. Faux, CFA, ASA  
www.polkpa.org

**MAILING ADDRESS CHANGE REQUEST**

**Owner Name (Please Print)** \_\_\_\_\_

If this request is being presented by a management company or a tax representative, a letter of authorization from the owner must be supplied.

List the 18 digit **Parcel Identification Number (Account Number)** for each parcel to be changed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO ANY OF THE ABOVE PARCELS HAVE EXEMPTIONS?**

(Example: Homestead, Widows, Widowers, Disability etc...) 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 1 (one) year or a fine not exceeding \$5,000 or both.

**CHANGE MAILING ADDRESS TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event my/our homestead status is changed in any way, I/we will immediately notify the Polk County Property Appraiser's office in writing.

\_\_\_\_\_  
Signature (owner)

\_\_\_\_\_  
Signature (joint owner)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

Return to: Polk County Property Appraiser  
Attn: Customer Service Department  
255 North Wilson Avenue  
Bartow, Florida 33830

OR Fax to: 863-534-4753