



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

MAILING ADDRESS CHANGE REQUEST

Owner Name (Please Print) _____

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.

*Relationship to owner (please check): [] Owner [] Child [] Parent [] Executor [] POA [] Other

*If this request is being signed by anyone other than the owner(s), a letter of authorization from the owner must be provided.

Owner Signature _____

Joint Owner Signature _____

Print Name (Owner) _____

Print Name (Joint Owner) _____

Phone Number _____

Date _____

Print E-Mail Address (Owner) _____

Print E-Mail Address (Joint Owner) _____

Other Signature _____

Print Name (Other) _____

Phone 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