



# IMPERIAL POLK COUNTY

Form – CCR090  
Rev. 8/2017

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

Date: \_\_\_\_\_

## MAILING / EMAIL ADDRESS CHANGE REQUEST

NAME: \_\_\_\_\_

MAILING ADDRESS ON RECORD:

CHANGE MAILING ADDRESS TO:

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

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

EMAIL ADDRESS ON RECORD:

CHANGE EMAIL ADDRESS TO:

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

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

**REQUIRED:** This address change is  PERMANENT  TEMPORARY

Please provide a brief explanation, along with an estimated date of return if this is a temporary change.

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

### PLEASE PROVIDE THE INFORMATION BELOW FOR EACH PARCEL TO BE CHANGED:

Parcel ID Numbers:	Active Exemption:	Active Business:	Business & Owner Name
_____	___ Yes ___ No	___ Yes ___ No	_____
_____	___ Yes ___ No	___ Yes ___ No	_____
_____	___ Yes ___ No	___ Yes ___ No	_____
_____	___ Yes ___ No	___ 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.

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
OWNER PRINTED NAME

\_\_\_\_\_  
OWNER TELEPHONE NUMBER

\_\_\_\_\_  
JOINT OWNER SIGNATURE

\_\_\_\_\_  
JOINT OWNER PRINTED NAME

\_\_\_\_\_  
JOINT OWNER TELEPHONE NUMBER

**IF THIS REQUEST IS BEING SIGNED BY ANYONE OTHER THAN THE OWNER(S), AUTHORIZATION FROM THE OWNER MUST BE PROVIDED.**