



IMPERIAL  
P O L K C O U N T Y

Form - CCR090  
R. 07/2023  
ADA Compliant

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

MAILING / EMAIL ADDRESS CHANGE REQUEST

Date:

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 for the change. If this is a temporary change, provide an estimated date of return.

\_\_\_\_\_

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.

Please email the completed form to [pahelpdesk@polk-county.net](mailto:pahelpdesk@polk-county.net) or mail to our Bartow Office at the address listed below.

**Bartow Office**  
255 N. Wilson Ave. Bartow, FL 33830  
Ph: 863-534-4777-Fax: 863-534-4753

**Lakeland Office**  
930 E. Parker St., Ste. 272 Lakeland, FL 33801  
Ph: 863-802-6150-Fax: 863-802-6163

**Lake Alfred Office**  
200 Government Center Blvd, Lake Alfred, FL 33850  
Ph: 863-401-2424- Fax: 863-401-2428