



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:

Table with 4 columns: Parcel ID Numbers, Active Exemption, Active Business, Business & Owner Name. Each row contains input lines for these fields.

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.