



IMPERIAL
POLK COUNTY

Form - CCR090
R. 8/2016

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:

Owner: \_\_\_\_\_  
Joint Owner: \_\_\_\_\_

CHANGE EMAIL ADDRESS TO:

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

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

Table with 4 columns: Parcel ID Number, Active Exemption, Active Business, Business and Owner Name. Each row contains a line for the parcel ID and checkboxes for Yes/No for the other three categories.

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 Printed Name \_\_\_\_\_

Owner Signature \_\_\_\_\_

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

Joint Owner Printed Name \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_

Joint Owner Telephone Number \_\_\_\_\_

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

DO YOU PREFER PAPERLESS COMMUNICATIONS WITH THE PROPERTY APPRAISER'S OFFICE?

Florida Statute 192.048 allows certain ad valorem communications to be sent electronically in lieu of first class mail. This service permits the flexibility of saving and printing documents relating to your property at any given time. Should you wish to receive electronic communications from our office please sign below.

If an electronic notification is returned as undeliverable, the property appraiser will forward the document by regular mail.

NOTICE: Per Florida Statute 197.3225, taxpayer e-mail addresses are exempt from release as public record if the email address was obtained to send tax notices, as described in Florida Statute 197.322(3).

Owner Signature \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_

Owner Name (Printed) \_\_\_\_\_

Joint Owner Name (Printed) \_\_\_\_\_

Joint Owner Name (Printed) \_\_\_\_\_

Owner e-mail address \_\_\_\_\_

Joint Owner e-mail address \_\_\_\_\_

Joint Owner e-mail address \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Bartow Office

255 North Wilson Ave Bartow FL 33830
Ph: 863-534-4777 - Fax: 863-534-4753

Lakeland Office

930 E. Parker St. Suite 272 Lakeland FL 33801
Ph: 863-802-6150 - Fax: 863-802-6163

Winter Haven Office

3425 Lake Alfred Rd, 3 Gill Jones Plaza Winter Haven FL 33881
Ph: 863-401-2424 - Fax: 863-401-2428