IMPERIAL



POLK COUNTY

Form - CCR090 R. 10/2024 ADA Compliant

Property Appraiser Neil Combee 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: PERMANENT TEMPORARY REQUIRED:** This address change is 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: **Business & Owner Name** Active Exemption: Active Business: No Yes No Yes No Yes Yes No Yes Yes Yes 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

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 or mail to our Bartow Office at the address listed below.

JOINT OWNER SIGNATURE

JOINT OWNER PRINTED NAME

JOINT OWNER TELEPHONE NUMBER