

**Pinellas County Property Appraiser**  
**CHANGE OF ADDRESS FORM**

DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_

*Section / Township / Range / Subdivision / Block / Lot (If typing, no need to include separators)*

TANGIBLE ACCOUNT NUMBER: \_\_\_\_\_

*For Business Personal Property, Manufactured Homes on Rental Lots, etc.*

OWNER'S NAME: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_

OLD MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDRESS OF PRIMARY

RESIDENCE ON JANUARY 1: \_\_\_\_\_

Does this property have Homestead Exemption?       YES       NO

REASON FOR ADDRESS CHANGE:

- |  |                            |
|--|----------------------------|
| <input type="checkbox"/> Moved   | Date Moved _____           |
| <input type="checkbox"/> Sold Property   | Date of Sale _____         |
| <input type="checkbox"/> Renting Property  | Date Rented _____          |
| <input type="checkbox"/> Temporarily Away  | Expected Return Date _____ |
| <input type="checkbox"/> Owner Deceased  | Date of Death _____        |
| <input type="checkbox"/> Power of Attorney/Guardian (include a copy of POA documents with this form) |                            |

Additional Information: \_\_\_\_\_

Signature: \_\_\_\_\_

*Form must have signature in order to process*

Please print and fax or mail completed form to: FAX:      (727) 464-3448

MAIL:      Pinellas County Property Appraiser  
Attn: Address Change  
PO Box 1957  
Clearwater, FL 33757-1957