



**HILLSBOROUGH COUNTY PROPERTY APPRAISER
CHANGE OF ADDRESS FORM**

PROPERTY SITE ADDRESS: _____

REAL ESTATE FOLIO NUMBER: _____

NAME: _____

DAYTIME PHONE: _____

FORMER MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

Does this property have Homestead Exemption?

☐ Yes

☐ No

REASON FOR ADDRESS CHANGE:

☐

Moved

Date Moved: ____ / ____ / ____

☐

Sold Property

Date of Sale: ____ / ____ / ____

☐

Renting Property

Date of Rental: ____ / ____ / ____

☐

Temporarily Away

Estimated Date of Return: ____ / ____ / ____ (no permanent change can be made)

☐

Owner Deceased

Date of Death ____ / ____ / ____

☐

Mail goes to Power of Attorney / Legal Representative / Guardian (include POA or guardianship)

Additional Information: _____

Signature: _____

Form must have signature to process

_____ Date

Email: _____

Print, Fax, Email or Mail completed form to:

Hillsborough County Property Appraiser
601 E Kennedy Blvd 15th Floor Tampa
FL 33602-4932

FAX: 813-272-5519
Email: custserv@hcpafl.org