



IMPERIAL
POLK COUNTY

Form - CCR090
R. 7/2014

Property Appraiser
Marsha M. Faux, CFA, ASA
www.polkpa.org

MAILING / EMAIL ADDRESS CHANGE REQUEST

Name: _____ Date: _____

(If this request is being made by anyone other than the owner, a Power of Attorney or a Letter of Authorization from the owner must be supplied)

MAILING ADDRESS ON RECORD:

CHANGE MAILING ADDRESS TO:

EMAIL ADDRESS ON RECORD:

CHANGE EMAIL ADDRESS TO:

Are any additional owners still residing at the site address? _____ Name(s) _____

What is the reason for the address change? (Moved, temporarily away, PO Box, business address, POA, etc.) _____

If you have moved, what was your last date of occupancy? _____

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. Includes radio button options for Yes/No.

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 _____

DO YOU PREFER PAPERLESS COMMUNICATIONS WITH THE PROPERTY APPRAISER'S OFFICE?
If so, please fill out our email consent form on the reverse side of this form.



IMPERIAL
POLK COUNTY

Property Appraiser
Marsha M. Faux, CFA, ASA
www.polkpa.org

Date _____

ELECTRONIC NOTIFICATION CONSENT FORM

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 these and other electronic communications from our office, please complete this Electronic Consent form and return it to the one of the offices listed below. By executing this consent form, you may receive electronic notifications from the property appraiser including, but not limited to:

- (a) The notice of proposed property taxes required under F.S. 200.069.
(b) The tax exemption renewal application required under F.S. 196.011(6)(b).
(c) A notification of an intent to deny a tax exemption required under F.S. 196.011(9)(e).
(d) The decision of the value adjustment board required under F.S. 194.034(2).

If an electronic notification is returned as undeliverable, the property appraiser will forward the document by regular mail. NOTICE: Under Florida law, e-mail addresses are public records. By consenting to communicate with this office electronically, your e-mail address will be released in response to any applicable public records request.

I understand that under section 196.131(2) Florida Statutes, any person who knowingly and willfully gives false information to claim homestead exemption is guilty of a misdemeanor of the first degree, punishable by imprisonment of up to 1 year, a fine up to \$5,000, or both.

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

List the 18 Digit Parcel Identification Number (Account Number) and/or your 8 digit Tangible Personal Property Account Number for each parcel to be updated. If you have more than 6 parcels to update, please attach documentation with the additional information.

Three sets of horizontal lines for entering parcel identification numbers.

Bartow Office

Lakeland Office

Winter Haven Office

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

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

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