



ADDRESS CHANGE REQUEST FORM

FOR YOUR PROTECTION: If this form is being presented by anyone other than the Owner, a Power of Attorney (POA) or letter of authorization from the owner must be supplied.

Owner Name (Please Print) _____
Parcel ID# or Site Location address (Please attach additional parcels or addresses to be changed if needed):

Do any of the above parcels have any exemption? Yes No
If yes, please complete this section. If no, please skip this section.

Please state the reason for this change of mailing address:

Do you reside on the above referenced parcel? Yes No
If no, last date of occupancy: _____

Is this property rented? Yes No
If yes, date property became a rental: _____

Change the Mailing address to:

Address: _____

City: _____ State: _____ Zip: _____
Country _____

Print Name and Title _____
Signature _____
Contact Phone Number (____) _____ Date _____

This form must be completed in its entirety and signed. Incomplete forms will not be processed.

Mail to:
Michelle Franklin, CFA
Saint Lucie County Property Appraiser
2300 Virginia Ave, Room #107
Fort Pierce, FL 34982-5652
Attn: Address Change

Fax to:
772.462.1058
OR
Email to:
PA_Info@paslc.org