

# PROPERTY TAX CHANGE OF ADDRESS REQUEST

**Gary "Bubba" Peters, Escambia County Property Appraiser, is responsible for maintaining property record ownership, including address changes.**

The updated address will be visible on the Property Appraiser's website once the change request has been reviewed.

**NOTE:** The Tax Collector website will continue to reflect the previous address until the next tax roll is received from the Property Appraiser, posted annually on November 1.

Owner(s) Name:

Account of Folio Number(s):

_____	_____
_____	_____
_____	_____

Was this your primary residence as of January 1st of the current year?  Yes  No

Does this property have homestead exemption?  Yes  No

Reason for Address Change (please mark the appropriate box):

- |  |              |                       |                        |
|--|--------------|-----------------------|------------------------|
| <input type="checkbox"/> Military Assignment     | Date of PCS  | _____ / _____ / _____ |                        |
| <input type="checkbox"/> Moved Away              | Date moved   | _____ / _____ / _____ |                        |
| <input type="checkbox"/> Temporarily Away        | Return date  | _____ / _____ / _____ |                        |
| <input type="checkbox"/> Sold Property           | Date of sale | _____ / _____ / _____ |                        |
| <input type="checkbox"/> Renting Property        | Date rented  | _____ / _____ / _____ | Length of Lease: _____ |
| <input type="checkbox"/> Owner Deceased          | Date passed  | _____ / _____ / _____ |                        |
| <input type="checkbox"/> Other (please explain): | _____        |                       |                        |

If you have power of attorney or guardianship for the owner(s) of record, please *include* a copy of POA/ Guardianship documents with this request.

Old Mailing Address

New Mailing Address

_____	_____
_____	_____
_____	_____

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

Owner(s): _____	_____
Signature (required)	Signature (required)
_____	_____
Print Name	Print Name
(_____) - _____	(_____) - _____
Daytime Phone	Daytime Phone
_____	_____
Date	Date
_____	_____
State Issued ID	State Issued ID

**Please forward completed form, identification and supporting documents to the address or fax number listed below.**

**Honorable Gary Peters, Escambia County Property Appraiser**

**221 Palafox Place, Suite 300**

**Pensacola, FL 32502-5836**

**Phone (850) 434-2735 Fax (850) 435-9526**