

MONROE COUNTY TAX COLLECTOR

1200 Truman Ave., Key West, FL 33040
Phone: (305)295-5000 Fax: (305)295-5020



ADDRESS CHANGE REQUEST FORM

Owner Name: _____

Parcel Number(s): _____

or

Alternate Key Number(s): _____

Date of Move: _____ (MO/YR) Please **REMOVE** my Homestead Exemption as I have moved from the property as of the date indicated.

Old Address: _____

New Address: _____

Email Address: _____

SIGNATURE OF OWNER

DATE

PHONE NUMBER

Terms:

I warrant the truthfulness of the information provided in this application.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

NOTE: If being signed by a Personal Representative or Power of Attorney, a copy of the appointment Documents **MUST** accompany this form in order for a change request to be made.

For Office Use Only:

Means verified by: _____

Date Entered: _____ Deputy's Initials: _____

Please email to mail@monroetaxcollector.com or fax to 305-295-5020.