



***Sam C. Steele, CFC***

***Monroe County Tax Collector***

1200 Truman Ave., Ste. 101, Key West, FL 33040

[www.monroetaxcollector.com](http://www.monroetaxcollector.com)

305-295-5044

## MAILING ADDRESS CHANGE REQUEST FORM

Owner Name: \_\_\_\_\_

Parcel ID/Account Number: \_\_\_\_\_

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

Prior Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

New Mailing 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 [ssanchez@monroetaxcollector.com](mailto:ssanchez@monroetaxcollector.com)**