

CHANGE OF ADDRESS FORM

LIST ALL PARCEL NUMBERS TO BE CHANGED: *(attach list if necessary)* _____

OWNER'S NAME _____

DAYTIME PHONE #: _____

OLD MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

Which address was your primary residence on January 1? OLD ADDRESS _____ NEW ADDRESS _____

Do any properties listed above have Homestead Exemption? Yes _____ No _____

REASON FOR ADDRESS CHANGE:

Moved	Date Moved _____
Sold Property	Date of Sale _____
Renting Property	Date Rented (start) _____
Temporarily Away	Expected Return Date _____
Owner Deceased	Date (copy of death certificate) _____
Other	Explain _____

IS THIS REQUEST BEING SIGNED BY ANYONE OTHER THAN THE OWNER(S)?

No _____ If yes, check one below

Child *(please provide letter of authorization from owner)*
Parent *(please provide letter of authorization from owner)*
Executor *(please provide legal document)*
Other *(explain and letter of authorization)*
Power Of Attorney *(please include a copy)*

SIGNATURE: _____

Drivers License Number: _____

Return to: Volusia County Property Appraiser
123 W Indiana Ave Rm 102
DeLand FL 32720

OR

Fax to: 386-943-7047
Email to: morgang@volusia.org