



*Sam C. Steele, CFC*

*Monroe County Tax Collector*

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

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

305-295-5090

## ADDRESS CHANGE REQUEST FORM

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

Parcel ID(s): \_\_\_\_\_

or

Account Number(s): \_\_\_\_\_

or

Geo 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.*

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### For Office Use Only:

Means verified by: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Deputy's Initials: \_\_\_\_\_

Please email to [mknowles@monroetaxcollector.com](mailto:mknowles@monroetaxcollector.com) or fax to 305-295-5020.