



Sam C. Steele, CFC

Monroe County Tax Collector

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

www.monroetaxcollector.com

305-295-5090

MAILING 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.

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 mknowles@monroetaxcollector.com or fax to 305-295-5020.