

**SHALIMAR OFFICE**  
1250 N Eglin Pkwy, Suite 201  
Shalimar, FL 32579-1296  
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Fax (850) 651-7244  
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**CRESTVIEW OFFICE**  
302 N. Wilson Street, Ste 201  
Crestview, FL 32536  
Phone (850) 689-5900  
Fax (850) 689-5906

**MACK BUSBEE, CFA**  
OKALOOSA COUNTY PROPERTY APPRAISER

## ADDRESS CHANGE REQUEST FORM

Please complete this form, sign, and return to the Property Appraiser's office. Be sure to attach any additional documentation required. **NOTE: This request will only affect your MAILING address, not physical address of the property.**

### PROPERTY INFORMATION

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

Property Address(s) and/or Parcel ID Number(s) (Attach separate sheet, if needed)

\_\_\_\_\_  
\_\_\_\_\_

### WHO IS REQUESTING THIS ADDRESS CHANGE? (Mark ONE box only)

- ☐ - **ALL OWNERS** – Address change applies to ALL owners listed on the property.
- ☐ - **ONE OWNER** – Multiple owners listed on the property, but change pertains only to one owner.  
Name of owner requesting change: \_\_\_\_\_ (please print).
- ☐ - **COMPANY / BUSINESS** – Change applies to the business, corporation or LLC. **NOTE: The person signing this form must have authorization to do so. Authorization letter will be required along with this form.**

### ADDRESS INFORMATION

**Effective Date** (MM/YY): \_\_\_\_\_ / \_\_\_\_\_ (Required only if this request is NOT due to a physical move)

**Date of Move** (MM/YY): \_\_\_\_\_ / \_\_\_\_\_ (Required if this change is due to a move)

☐ Please **REMOVE** my Homestead Exemption \_\_\_\_\_ **Last 4 of SSN**

**OLD Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**NEW Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE** (Digitally signed forms cannot be accepted)

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PHONE NUMBER**

**NOTE: If being signed by an Authorized Representative, Business Owner, 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** \_\_\_\_\_