



**HILLSBOROUGH COUNTY PROPERTY APPRAISER  
CHANGE OF ADDRESS FORM**

**PROPERTY SITE ADDRESS:** \_\_\_\_\_

**REAL ESTATE FOLIO NUMBER:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_

**FORMER MAILING ADDRESS:** \_\_\_\_\_

**NEW MAILING ADDRESS:** \_\_\_\_\_

**Does this property have Homestead Exemption?**

☐ Yes

☐ No

**REASON FOR ADDRESS CHANGE:**

☐

Moved

Date Moved: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐

Sold Property

Date of Sale: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐

Renting Property

Date of Rental: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐

Temporarily Away

Estimated Date of Return: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (no permanent change can be made)

☐

Owner Deceased

Date of Death \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐

Mail goes to Power of Attorney / Legal Representative / Guardian (include POA or guardianship)

**Additional Information:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Form must have signature to process

Date

**Print, Fax, Email or Mail completed form to:**

Hillsborough County Property Appraiser  
601 E Kennedy Blvd 15th Floor  
Tampa FL 33602-4932

FAX: 813-272-5519  
Email: [custserv@hcpafl.org](mailto:custserv@hcpafl.org)