

302 N. Wilson Street, Ste 201
Crestview, FL 32536
PHONE: (850) 689-5900
FAX (850) 689-5906



PLEASE REPLY TO:
1250 Eglin Pkwy N. Ste 201
Shalimar, FL 32579
PHONE: (850) 651-7240
FAX (850) 651-7244
WEBSITE: www.okaloosapa.com

MACK BUSBEE
OKALOOSA COUNTY PROPERTY APPRAISER
PARCEL SPLIT REQUEST FORM

TO: Okaloosa County Property Appraiser
RE: PARCEL SPLIT OUT

I _____ request the property appraiser to split the parcel listed below into two or more parcels. I acknowledge that I have provided the following items:

_____ A COPY OF THE LEGAL DESCRIPTION OF NEW PARCEL SPLIT OUT i.e. survey, Deed, etc.

NOTE: If there is a mortgage on the 1 parcel listed below, splitting it may impact the escrow account. The mortgage company should be made aware of your intention to split this parcel. You should discuss with them any implications this action may have on your mortgage. Additionally, you will need to discuss any potential zoning issues with your local zoning department.

Have you discussed this with your mortgage company? _____
YES/NO

Have you discussed any potential issues with your local zoning department? _____
YES/NO

Please be advised that the Okaloosa County Property Appraiser's office is not responsible for any implications or issues that may arise with either your mortgage company or with your zoning office.

PARCELS TO SPLIT

Parent Parcel ID Number 1: _____

NOTE: BY REQUESTING THIS PARCEL TO BE SPLIT, I UNDERSTAND THAT ANY EXEMPTIONS THAT MAY BE ON THE PARENT PARCEL WILL NOT CARRY OVER TO THE NEW SPLIT OUT PARCEL.

By signing below, I am attesting that any information given herein is true and accurate to the best of my knowledge. I also understand that I must provide proof that all taxes have been paid on the above listed properties. Once the properties have been combined, I understand that I must submit, in writing, any request to have the parcels split out again.

PRINTED NAME

PRINTED NAME (ADDITIONAL OWNER)

SIGNATURE (REQUIRED)

SIGNATURE (ADDITIONAL OWNER)

DATE

PHONE NUMBER