

**SHALIMAR OFFICE**  
1250 N Eglin Pkwy, Suite 201  
Shalimar, FL 32579  
Phone (850) 651-7240  
Fax (850) 651-7244  
**Website:** www.okaloosapa.com



**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)

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

### ADDRESS INFORMATION

Effective Date of address change / move: (MM/YY): \_\_\_\_\_

If you currently have Homestead Exemption and have moved out of the exempted property, please mark this box for removal of the exemption. If you have moved from the exempted property, you are no longer eligible. **NOTE: If your move was due to receiving Active Duty Military PCS orders, please contact our office.**

**PREVIOUS Mailing Address:** \_\_\_\_\_

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

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

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

\_\_\_\_\_  
**SIGNATURE**

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

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

**EMAIL ADDRESS:** \_\_\_\_\_

**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 Property Appraiser's Office Use ONLY**

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