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PETE SMITH, CFA
OKALOOSA COUNTY
PROPERTY APPRAISER
www.okaloosapa.com

ADDRESS CHANGE REQUEST FORM

Owner(s) Name: _____

Parcel Number(s): _____

Old Address: _____

New Address: _____

Email Address: _____ **Phone#** _____

Date: _____ **Signature of Owner:** _____

“Required Information for property with homestead exemption”

Last 4 digits of owner’s social security # _____

Note: If being signed by a Personal Representative or Power of Attorney, a copy of appointment documents must accompany this form in order for change request to be made.

For Office Use Only: Means verified by: _____

Date Entered: _____ **Deputy’s initials:** _____