

ADDRESS CHANGE

APPLICATION FORM

CITY OF JACKSONVILLE, FLORIDA

Date: _____

I, _____ hereby certify that I am the Record Owner of the property currently addressed as _____, Real Estate No: _____.

I hereby request a change on my property for the following reason(s):

OWNER'S INFORMATION	
Name:	Address (including city, state, zip):
Email:	Telephone:

I HEREBY CERTIFY THAT I am the owner and that all of the information contained in this application, including any attachments, is true and correct to the best of my knowledge.

(Signature of Owner)

STATE OF FLORIDA
COUNTY OF DUVAL

Sworn to and subscribe and acknowledge before me by means of [] physical presence or [] online notarization, this _____ day of _____ 20____, by _____, who is personally known to me or who has produced _____ as identification and who took an oath.



(Signature of NOTARY PUBLIC)

(Printed name of NOTARY PUBLIC)

State of _____ at Large.

My commission expires: _____

PLANNING AND DEVELOPMENT DEPARTMENT
ADDRESSING SECTION