|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Change of Mailing Address** | | | | | | | | **NOTE:** | | | This form is for **mailing address change** only. | | | | | | | | | | |
|  | | | | | | | | Date: | |  | | | | | | | | | | | |
|  | | | | | | | | Real Estate / Account #: | | | | |  | | | | | | | | |
|  | | | | | | | | Property Address: | | | | | | | |  | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | |
| Owner’s Name: | | |  | | | | | | | | | | | | | | | | | | |
| **PLEASE CHANGE MY MAILING ADDRESS ON THE TAX ROLL AS FOLLOWS:** | | | | | | | | | | | | | | | | | | | | | |
| **Previous Mailing Address:** | | | | |  | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | State: | |  | | | | | | | Zip: |  |
| **Mailing Address Changed To:** | | | | | |  | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | State: | |  | | | | | | | Zip: |  |
| Property’s Legal Description: | | | | | | Lot |  | Block | |  | | | | | | | Subdivision | |  | | |
| Additional Legal Description: | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Does property currently have a homestead exemption:** | | | | | | | | |  | | **YES** | |  | | **NO** | | | | | | |
| Owner’s Signature (Required\*\*): | | | | | | |  | | | | | | Print Name: | | | | |  | | | |
| Agent Signature\*\*: | | | |  | | | | | | | | | Print Name: | | | | |  | | | |
| *\*\*If signed by agent, owner’s signature is not required but a Letter of Authorization from the owner must accompany this form.* | | | | | | | | | | | | | | | | | | | | | |
| **For NON-Homesteaded Properties, mail form to:** | | | | | | | | | | | **For Homesteaded Properties, mail form to:** | | | | | | | | | | |
| Duval County Property Appraiser  231 E. Forsyth Street, Rm 230  Jacksonville, Florida 32202 | | | | | | | | | | | Duval County Property Appraiser  231 E. Forsyth Street, Rm 260  Jacksonville, Florida 32202 | | | | | | | | | | |
| **Fax to: 904-255-5999** or  **E-mail to:** [**paolrec@coj.net**](mailto:paolrec@coj.net) | | | | | | | | | | | **Fax to: 904-255-7963** or  **E-mail to:** [**pacompliance@coj.net**](mailto:pacompliance@coj.net) | | | | | | | | | | |
| Please provide contact information should you need to be reached. *(This data will not be entered on the tax roll.)* | | | | | | | | | | | | | | | | | | | | | |
| Telephone: | |  | | | | | | | | | E-mail: | | |  | | | | | | | |
| Check box if you would like confirmation of the address change. | | | | | | | | | | | |  | | | | | | | | | |