



## ADDRESS CHANGE AUTHORIZATION

For your convenience you may return this form by email, fax or mail:

Email: [pa@pascopa.com](mailto:pa@pascopa.com)

Fax: New Port Richey 727-847-8013; Dade City 352-521-4411; Land O' Lakes 813-929-2784

Mailing Address: PO Box 401, Dade City, FL 33526-0401

PARCEL NUMBER: \_\_\_\_\_

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

Example: SEC - TWN - RNG - SUB - BLK - LOT  
27 - 24 - 21 - 0400 - 03700 - 0120

DAYTIME PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

PREVIOUS MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP

\*NEW MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP

\*If new mailing address is a Commercial Mail Receiving Agency (CMRA), Please include your private mail box number (PMB #)

DOES THIS PROPERTY HAVE HOMESTEAD EXEMPTION? YES  NO

### REASON FOR ADDRESS CHANGE:

- MOVED DATE MOVED: \_\_\_\_\_
- SOLD PROPERTY DATE OF SALE: \_\_\_\_\_ (PROOF OF OWNERSHIP CHANGE MAY BE REQUIRED)
- RENTING PROPERTY DATE OF RENTAL: \_\_\_\_\_
- TEMPORARILY AWAY ESTIMATED DATE OF RETURN: \_\_\_\_\_ (NO PERMANENT CHANGE CAN BE MADE)
- OWNER DECEASED DATE OF DEATH: \_\_\_\_\_
- MAIL GOES TO POA/LEGAL REPRESENTATIVE/GUARDIAN (INCLUDE POA OR GUARDIANSHIP)

ADDITIONAL INFORMATION: \_\_\_\_\_

\*PROPERTY OWNER OR  
DESIGNATED AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*If applicable, please attach Power of Attorney, Letter of Authorization, or Change of Resident Agent

FOR YOUR CONVENIENCE:

PC-535 R7/19

WEST PASCO GOVERNMENT CENTER  
NEW PORT RICHEY  
TELEPHONE: 727-847-8151  
FAX: 727-847-8013

EAST PASCO GOVERNMENT CENTER  
Reply to: PO BOX 401  
DADE CITY, FL 33526-0401 TELEPHONE:  
352-521-4433  
FAX: 352-521-4411

CENTRAL PASCO PROFESSIONAL CENTER  
LAND O' LAKES  
TELEPHONE: 813-929-2780  
FAX: 813-929-2784