



# POLK COUNTY

Property Appraiser  
Neil Combee

Form - CCR090  
R.06/2025  
ADA Compliant

## MAILING / EMAIL ADDRESS CHANGE REQUEST

Date: \_\_\_\_\_

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

MAILING ADDRESS ON RECORD:

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

CHANGE MAILING ADDRESS TO:

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

EMAIL ADDRESS ON RECORD:

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

CHANGE EMAIL ADDRESS TO:

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

REQUIRED: This address change is

☐

PERMANENT

☐

TEMPORARY

Please provide a brief explanation for the change. If this is a temporary change, provide an estimated date of return.

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

### PLEASE PROVIDE THE INFORMATION BELOW FOR EACH PARCEL TO BE CHANGED:

Parcel ID Numbers:

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

Active Exemption:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Active Business:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Business & Owner Name

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

**NOTICE: 196.131(2) Florida Statutes, provides that any person who knowingly gives false information for the purpose of claiming Homestead Exemption shall be guilty of a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 (one) year or a fine not exceeding \$5,000 or both.**

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
OWNER PRINTED NAME

\_\_\_\_\_  
OWNER TELEPHONE NUMBER

\_\_\_\_\_  
JOINT OWNER SIGNATURE

\_\_\_\_\_  
JOINT OWNER PRINTED NAME

\_\_\_\_\_  
JOINT OWNER TELEPHONE NUMBER

**IF THIS REQUEST IS BEING SIGNED BY ANYONE OTHER THAN THE OWNER(S), AUTHORIZATION FROM THE OWNER MUST BE PROVIDED.**

Please email the completed form to [pahelpdesk@polk-county.net](mailto:pahelpdesk@polk-county.net) or mail to our Bartow Office at the address listed below.

**Bartow Office**  
255 N. Wilson Ave. Bartow, FL 33830  
Ph: 863-534-4777-Fax: 863-534-4753

**Lakeland Office**  
930 E. Parker St., Ste. 272 Lakeland, FL 33801  
Ph: 863-802-6150-Fax: 863-802-6163

**Lake Alfred Office**  
200 Government Center Blvd, Lake Alfred, FL 33850  
Ph: 863-401-2424- Fax: 863-401-2428