



## Change of Address Form

List All Parcel Numbers to be Changed: *(attach list if necessary)* \_\_\_\_\_

Owners Name: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Old Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

New Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Which address was your primary residence on January 1st?      Old Address      or      New Address

Do any properties listed above have homestead exemption?      Yes      No

**Reason for address change:**

- Moved                                      Date Moved \_\_\_\_\_
- Sold Property                              Date of Sale \_\_\_\_\_
- Renting Property                        Date Rented *(start)* \_\_\_\_\_
- Temporarily Away                        Expected Return Date \_\_\_\_\_
- Owner Deceased Date *(copy of death certificate)* \_\_\_\_\_
- Other Explain \_\_\_\_\_

**Is this request being signed by anyone other than the owner(s)?**      Yes      No

*(If yes, check one below)*

- Child *(please provide letter of authorization from owner)*
- Parent *(please provide letter of authorization from owner)*
- Executor *(please provide legal document)*
- Other *(explain and letter of authorization)*
- Power Of Attorney *(please include a copy)*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Return to:      Volusia County Property Appraiser      OR      Fax to: 386-943-7047  
                   123 W. Indiana Ave., Room 102                      Email to: [vcpa@volusia.org](mailto:vcpa@volusia.org)  
                   DeLand, FL. 32720