

SHALIMAR OFFICE
1250 N Eglin Pkwy, Suite 201
Shalimar, FL 32579
Phone (850) 651-7240
Fax (850) 651-7244
Website: www.okaloosapa.com



CRESTVIEW OFFICE
302 N. Wilson Street, Ste 201
Crestview, FL 32536
Phone (850) 689-5900
Fax (850) 689-5906

MACK BUSBEE, CFA
OKALOOSA COUNTY PROPERTY APPRAISER

ADDRESS CHANGE REQUEST FORM

Please complete this form, sign, and return to the Property Appraiser's office. Be sure to attach any additional documentation required. **NOTE: This request will only affect your MAILING address, not physical address of the property.**

PROPERTY INFORMATION

Owner Name: _____

Property Address(s) and/or Parcel ID Number(s) (Attach separate sheet, if needed)

ADDRESS INFORMATION

Effective Date of address change / move: (MM/YY): _____

- If you currently have Homestead Exemption and have moved out of the exempted property, please mark this box for removal of the exemption. If you have moved from the exempted property, you are no longer eligible.
NOTE: If your move was due to receiving Active Duty Military PCS orders, please contact our office.

PREVIOUS Mailing Address: _____

NEW Mailing Address: _____

SIGNATURE

DATE

PHONE NUMBER

EMAIL ADDRESS: _____

NOTE: If being signed by an Authorized Representative, Business Owner, Personal Representative or Power of Attorney, a copy of the appointment documents MUST accompany this form in order for a change request to be made.

For Property Appraiser's Office Use ONLY

Date Entered _____ Deputy's Initials _____