



**JIM FORD, CFA**  
**Brevard County Property Appraiser**  
**"OWNER REQUEST FORM"**

**ADDRESS CHANGE: FILL OUT SECTIONS A, C, D (if applicable) & E**  
**PROPERTY SPLIT OR COMBINATION: FILL OUT SECTIONS A, B & D (if applicable) & E**

**A** Parcel I.D.(s)/Account Number(s)


- B**
1. PERMANENTLY DIVIDED FOR \_\_\_\_\_, please attach copy of survey, sketch or legal description.  
(YEAR)
  2. PERMANENTLY COMBINED FOR \_\_\_\_\_, if Homesteaded property please fill out "Box D", IF CONDOMINIUM,  
(YEAR) COMBINE WILL BE FOR ASSESSMENT LIMITATION (SOH CAP) ONLY.

**NOTE:** A property split for taxation purposes does not imply suitability for parcel development. Please contact the appropriate land development or planning and zoning department of your jurisdiction for questions concerning property development.

**C** CHANGE MAILING ADDRESS TO :  
\*Fill out box "D" below if homestead property

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**D** \***HOMESTEAD PROPERTY:** You are hereby requested to make the above change in the mailing address, and/or the combination division of land on my/our homestead property. This homestead property is still my/our legal and permanent residence. *The mailing address for the homestead property is being changed because:*

\_\_\_\_\_

\_\_\_\_\_

*In the event my/our homestead status is changed in any way, I/we will immediately notify the Brevard County Property Appraiser's office in writing.*

**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 imprisonment not exceeding 1 year or a fine not exceeding \$5,000 or both.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

**E** I, as OWNER, request the above change(s) be made to the tax roll to the above described parcel(s).

If a business, what is your affiliation: \_\_\_\_\_

If you are a tax management company, please provide a letter of authorization from the owner.

Date: \_\_\_\_\_ Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_ Signature: \_\_\_\_\_

Print-- Owners Name \_\_\_\_\_

**For office use only**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> ownership                                     | <input type="checkbox"/> taxes paid       | <input type="checkbox"/> millage code |
| _____ property use (if multi family/commercial which PDC is homestead) | <input type="checkbox"/> condo (SOH only) | <input type="checkbox"/> contiguous   |

**Return this form to:**  
JIM FORD, CFA  
Brevard County Property Appraiser's Office  
P.O. Box 429  
Titusville, Florida 32781-0429

\_\_\_\_\_  
Deputy/Office/Mail in