



# Change of Address Form

**PHOTO IDENTIFICATION REQUIRED**

Today's Date :	
Parcel ID Number:	
Name of Owner(s):	
Current Address:	

Does this parcel have Homestead Exemption?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you answered **yes** to the above question, please provide reason for requesting change of address:


Telephone Number:	
New Address:	

Signature of Owner or Legal Representative	Print:	Date Signed:
	Sign:	

Relationship to property owner:	
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**RETURN COMPLETED FORMS (with copy of photo id) TO:**

Wakulla County Property Appraiser  
 3115-A Crawfordville Highway  
 Crawfordville, FL 32327

[INFO@MyWakullaPA.com](mailto:INFO@MyWakullaPA.com)

SPACE BELOW TO BE COMPLETED BY STAFF:

Identification Provided:		Staff Initials:
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