



ADDRESS CHANGE AUTHORIZATION

For your convenience you may return this form by email, fax or mail:

Email: pa@pascogov.com

Fax: 352-521-4278

Mailing address: 14236 6th Street, Suite 101, Dade City FL 33523-3411

PARCEL NUMBER: _____

Example: SEC - TWN - RNG - SUB - BLK - LOT
27 - 24 - 21 - 0400 - 03700 - 0120

(If multiple parcels, please attach additional sheet)

EMAIL ADDRESS: _____

DAYTIME PHONE #: _____

NAME: _____

OLD MAILING ADDRESS: _____

CITY

STATE

ZIP

***NEW MAILING ADDRESS:** _____

CITY

STATE

ZIP

*If new mailing address is a Commercial Mail Receiving Agency (CMRA), please include your private mail box number (PMB #)

**** PROPERTY OWNER OR
DESIGNATED AGENT SIGNATURE** _____

DATE _____

**If applicable, please attach Power of Attorney, Letter of Authorization, or Change of Resident Agent

PC-535 R.1/17

FOR YOUR CONVENIENCE:

WEST PASCO GOVERNMENT CENTER
NEW PORT RICHEY
TELEPHONE: 727-847-8151
FAX: 727-847-8013

EAST PASCO GOVERNMENT CENTER
Reply to: 14236 6TH STREET, SUITE 101
DADE CITY FLORIDA 33523-3411
TELEPHONE: 352-521-4433
FAX: 352-521-4411

CENTRAL PASCO PROFESSIONAL CENTER
LAND O' LAKES
TELEPHONE: 813-929-2780
FAX: 813-929-2784