



ADDRESS CHANGE APPLICATION

PUBLIC WORKS DEPARTMENT
DEVELOPMENT SERVICES DIVISION - ADDRESSING SECTION

APPLICATION NUMBER (STAFF USE ONLY):

DATE APPLICATION COMPLETED	
AUTHORIZED AGENT (As listed on Sunbiz)	
CURRENT ADDRESS <i>(If any)</i>	
REAL ESTATE (RE) NUMBER	
AUTHORIZED AGENT(S) EMAIL(S)	
REASONING FOR REQUEST <i>If reasoning does not fit in this section, please include it in your email to the Addressing Section</i>	

I hereby certify that I am the owner and that all of the information contained in this application is true and correct to the best of my knowledge.

(Signature of Authorized Agent)

STATE OF _____
COUNTY OF _____

Sworn to and subscribe and acknowledge before me by means of [] physical presence or [] online notarization, this _____ day of _____ 20____, by _____, who is personally known to me or who has produced _____ as identification and who took an oath.

(Notary Public Signature)

My Commission Expires:_____

(Notary Public Printed Name)