FLORIDA DEPARTMENT OF REVENUE

NOTICE TO PROPERTY APPRAISER OF
NAME AND/OR ADDRESS CHANGE

DR-535
R. 5/92

Number _____

Assessment roll year 20__

To Property Appraiser _____, County of _____

Please change the name and/or address for parcel ID _____.

	OLD	NEW
Owner's name		
Address		

Change requested by _____

☐ in person ☐ by mail ☐ other, specify: _____

Deed reference, if available _____

_____ _____

Signature, tax collector or deputy Date

Note: Splits or cutouts shall be processed pursuant to Rule 12D-13.007 F.A.C.