

Address Change Authorization

	Property ID#:	
Phone #: ()		
Name:	(Please print)	
Old Address:	(r tease print)	
City:	State:	Zip+4:
New Address:		
City:	State:	Zip+4:
Date:	_ Signature:	
This change is: (Select one)		
□ PERMANENT Address Change	☐ TEMPORARY Address Change	☐ ANNUAL Seasonal Address Change:
	Start Date:	
33301-1899 or email to address@bcr	End Date:	not send multiple requests.
November tax bills. The names and ac November 1.	ddresses reflected on the Tax Collector's v	website are updated every
Add/Update email address:		
· ·	Last Name:	

Submitting my email address allows for communication about my property in addition to receiving regular updates from the Broward County Property Appraiser's office in regards to updated tax information, exemptions, or any other pertinent information that may relate to my property.