

**JOHN C. EMERSON, CFA**  
**HERNANDO COUNTY PROPERTY APPRAISER**  
**PHONE: (352) 754-4190**  
**WEBSITE: www.hernandocounty.us/pa**

◆ **BROOKSVILLE OFFICE** ◆  
201 Howell Avenue, Suite 300  
Brooksville, FL 34601-2042

Fax Numbers:  
Administration (352) 754-4198  
Real Property/Tangible (352) 754-4198  
Exemptions/Central GIS (352) 754-4194



*"To Serve & Assess With Fairness"*

◆ **WESTSIDE OFFICE** ◆  
7525 Forest Oaks Blvd.  
Spring Hill, FL 34606-2400

Fax Numbers:  
Addressing (352) 688-5060  
Exemptions (352) 688-5088

**TANGIBLE PERSONAL PROPERTY ADDRESS CHANGE FORM**

**Account/Key Number(s)** (Example: Key 12345678): \_\_\_\_\_  
(Business Name): \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Federal ID: # \_\_\_\_\_  
Location Address of Property: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Change the Mailing Address of my account to:**  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Change the Physical Address of my account to:**  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date Business Moved: \_\_\_\_\_

**I have verified with the Tax Collector's Office at (352) 754-4180 that all Tangible Personal Property taxes have been paid and are current. I am the business owner, authorized agent or legal representative of the business owner(s), and I have permission to request this change. I understand verification of identity is required and I have attached a copy of my Driver License or other Identification.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Return by: Email: [PATPP@hernandocounty.us](mailto:PATPP@hernandocounty.us) OR Fax: (352) 754-4198 OR Mail to the Brooksville address above.