Print Form

APPLICATION

City of Key West
BUILDING DEPARTMENT

Request for a Change of Address

Date of Submittal:

Property Owner:

Name

Mailing Address (Street, City, State, Zip Code)

Daytime Phone

Email Address

Agent (if applicable):

Name

Mailing Address (Street, City, State, Zip Code)

Daytime Phone

Email Address

Legal Description of Property:

Current Street Address (Street, City, State, Zip Code)

Proposed Street Address (Street, City, State, Zip Code)

Real Estate (RE) Number

Water Meter Number

Sewer Account Number

Commercial License Number (if applicable)

Please describe the use of each unit on the property and identify it on an attached site plan or survey:

Please describe the reason for the change of address request:

_____

_____

_____

_____

Please submit the following to ensure application completeness:
(Please check as you attach each required item to the application)

- ☐ Complete application;
- ☐ Current Property Record Card(s) from the Monroe County Property Appraiser;
- ☐ Site Plan or Survey of the property

If applicable:

- ☐ Notarized Agent Authorization Letter (note: authorization is needed from all owner(s) of the subject property)

Authorization Form

Please complete this form if someone other than the owner is representing the property owner in this matter.

I, _____ authorize
Please Print Name(s) of Owner(s)

_____
Please Print Name of Representative

to be the representative for this application and act on my/our behalf before the Building Department.

_____ _____
Signature of Owner Signature of Joint/Co-owner if applicable

Subscribed and sworn to (or affirmed) before me on _____(date) by

_____
Please Print Name of Affiant

He/She is personally known to me or has

presented_____ as identification.

_____
Notary's Signature and Seal

_____ Name of Acknowledger printed or stamped

_____ Title or Rank

_____ Commission Number (if any)