



# City of Homestead

Development Services Department

100 Civic Court, 1<sup>st</sup> Floor, Homestead, FL 33033, Telephone 305-224-4527

## Change of Address Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

<u>Address type</u>	<u>Cost</u>
<input type="checkbox"/> New Address	\$100.00
<input type="checkbox"/> Alternate Address	\$100.00
<input type="checkbox"/> Apartment Unit	\$50.00
<input type="checkbox"/> Condo Unit	\$50.00
<input type="checkbox"/> Office Suite	\$0.00

Owner Name: \_\_\_\_\_ Owner Phone Number: \_\_\_\_\_

Owner Email: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Folio Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Proposed Unit/Suite (If applicable) \_\_\_\_\_

BD Number (New Construction or Reconstruction): \_\_\_\_\_

*\*Please allow 2-3 business days for processing*

\*\*\*\*\*Official Use Only\*\*\*\*\*

Reviewer: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Approved Address: \_\_\_\_\_

Last Update: 2/3/2026