KATRINA S. SCARBOROUGH, CFA, CCF, MCF
OSCEOLA COUNTY PROPERTY APPRAISER
TANGIBLE PERSONAL PROPERTY
BUSINESS ADDRESS/STATUS CHANGE FORM

Account Number: ____________________________ Business Change Date: ________________

Reason for Change: ☐ Mail and/or Business Address Change ☐ Change Business Name
☐ Closed Business ☐ Business Sold
☐ Other (please specify) ______________________________

Current Business Name: ____________________________

Current Business Address: ____________________________
Street City State Zip

Old Business Name: ____________________________ (If Applicable)

Old Business Address: ____________________________ (If Applicable)
Street City State Zip

Current Owner’s Name: ____________________________ Phone: __________

Current Mailing Address: ____________________________
Street City State Zip

If Sold, Previous Owner’s Name and Address: ____________________________ Phone: __________
Street City State Zip

What was done with the assets of the business? (Please check all that apply)
☐ Sold all business assets to the new owner of the business
☐ Kept all business assets in storage for future use ☐ Kept all business assets for personal use
☐ Other ______________________________

Change Requested by: ☐ Owner ☐ Officer ☐ Agent ☐ Other __________

Are your Tangible Personal Property Taxes paid to date? ☐ Yes ☐ No ☐ Not Sure

Please be Advised: If you were in business as of January 1st, you will be responsible for tangible personal property assessment for that year.

Requestor’s Name (Please Sign) Requestor’s Name (Please Print) Today’s Date

Please mail to: Katrina S. Scarborough, CFA, CCF, MCF
Osceola County Property Appraiser
Attn: Tangible Personal Property
2505 East Irlo Bronson Memorial Hwy
Kissimmee, FL 34744-4909

Or fax to: (407) 742-5039