MACK BUSBEE, CFA

Okaloosa County Property Appraiser
1250 N Eglin Pkwy, Suite 201
Shalimar, FL 32579-1296
PHONE: (850) 651-7240
FAX (850) 651-7244



Crestview Office:

302 N Wilson Street, Suite 201 Crestview, FL 32536 PHONE: (850) 689-5900 FAX (850) 689-5906

WEBSITE: www.okaloosapa.com

Phone Number

OUT OF STATE REMOVAL REQUEST

	_	TAX YEAR	
		Okaloosa County Property PARCEL ID	erty
		PHYSICAL ADDRESS	
To Whom It M	lay Concern:		
are required to		n on our property in Okaloosa County, Florida. To don that we are not receiving any type of residency ban any other property we own.	
•	~	v. I/we request the removal of any residency based is (if any) that may exist under my/our names.	property
Owner Name(s):		County	
Address:			
Respectfully, Signature of App	Nicont/Owner	Signature of Spouse / Co-Owner (if any)	
Signature of App	nicani/Owner	Signature of Spouse / Co-Owner (if any)	
Date	Phone Number	Email Address	
	FOR O	FFICIAL USE ONLY ————	
(Te	o be completed by the appropr	iate county agency & returned to the owner(s) above.)
	NO residency based tax benenty/jurisdiction.	efits, credits, discounts or exemptions for the owner I	sted above
		tions, discounts or credits for the above named appl	cant(s)
have now	been removed/cancelled, effe	ctive tax year 20 .	
Signature of aut	thorized agency representative	 Date	

Title

Name of Agency & Address

Printed Name