



SCOTT P. RUSSELL, CFA
MONROE COUNTY PROPERTY APPRAISER
COUNTY COURTHOUSE
P.O. Box 1176
KEY WEST, FLORIDA 33041
PHONE (305) 292-3420 FAX: (305)-292-3431

MCPA 201
REV 01/13

NOTICE

To Owners of Homesteaded Property in Monroe County Rendered Uninhabitable by a Calamity

The legislature, in the 2006 session, amended the homestead exemption tax provisions §196.031(6), Fla. Stat. to provide for the continuation of the exemption when the home has been rendered uninhabitable by misfortune or calamity.

If your home has been rendered **uninhabitable**, by a calamity, such as hurricane, or fire, etc., you now have to notify this office by March 1st of the year following the calamity that you intend to repair or rebuild the home and retain it as your homestead, exclusive of any other homestead. The repair or reconstruction has to be commenced within three (3) years of January 1st of the year following the occurrence.

If you have any questions or you would like to request a form to provide notice, please visit our website at www.mcpafl.org to download the form or you may call or visit one of the offices of the Property Appraiser listed below:

**FAILURE TO COMPLY WITH THIS PROVISION COULD
RESULT IN YOUR EXEMPTION BEING DECLARED ABANDONED.**

Key West
500 Whitehead St. - Rear
(305) 292-3420

Marathon
2798 Overseas Hwy, Suite 310
(305) 289-2550

Plantation Key
Jerry Ellis Building
88700 Overseas Hwy
(305) 852-7130



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PrintForm

ClearForm

MCPA-201
Rev. 09/2017

**APPLICATION TO MAINTAIN HOMESTEAD EXEMPTION
ON HOMESTEADED PROPERTY MADE UNINHABITABLE
BY MISFORTUNE OR CALAMITY**

Parcel Identification: _____ Account #: _____

I/We, _____
(name of owners)

hereby give Notice pursuant to Section 196.031(6), Florida Statutes that my/our residence located at

_____, Monroe County, Florida was damaged by
(location of property)

_____ on _____
(type of calamity) (date of calamity)

and was rendered uninhabitable. I/We intend to maintain this residence as my/our Homestead even though we have to vacate during reconstruction. I/We understand that the reconstruction must be commenced within three (3) years after January 1st of the year following the occurrence of the damage or I/we could be deemed to have abandoned my/our Homestead status.

Signature of Owner

Signature of Spouse/Joint Owner (if any)

Date

Date

Telephone Number

E-Mail Address

Note: If you would like to change your mailing address on the tax roll records, please complete and sign page 2 of this form. The address change form is also available on our website.

Please return to: Monroe County Property Appraiser
PO Box 1176
Key West FL 33041-1176
www.mcpafl.org

For Office Use Only:

Received By: _____ Date Received _____

Inspected By: _____ Date Inspected: _____ Approved: _____

Yes No Comments: _____

Processed by: _____ Date: _____

CLEAR FORM

ST P. RUSSELL, CFA
MONROE COUNTY PROPERTY APPRAISER

HX-316F



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PRINT FORM

Request for Mailing Address Change

If you would like to change your mailing address for tax roll purposes, please complete and sign this form and return to the address above. **An incorrect mailing address may result in the loss of exemptions.**

IMPORTANT NOTICE – ADDRESS CHANGE WILL NOT BE CONSIDERED IF FORM IS NOT SIGNED AND DATED.

YOU MUST BE THE OWNER OF RECORD OR HAVE POWER OF ATTORNEY FOR THE OWNER OF RECORD TO REQUEST A CHANGE OF MAILING ADDRESS. COPY OF THE POWER OF ATTORNEY MUST BE ATTACHED OR THE ADDRESS WILL NOT BE CHANGED.

Parcel Identification: _____ Account #: _____
 Real Estate Tangible Personal Property

Parcel Identification: _____ Account #: _____
 Real Estate Tangible Personal Property

Parcel Identification: _____ Account #: _____
 Real Estate Tangible Personal Property

Parcel Identification: _____ Account #: _____
 Real Estate Tangible Personal Property

Parcel Identification: _____ Account #: _____
 Real Estate Tangible Personal Property

Owner(s) of Record: _____
Please Print

New Mailing Address: _____

_____ CITY

_____ ST

_____ ZIP

Telephone: _____ E-mail: _____

Signature: _____ Date: _____

(Current owner of record must sign)

FOR OFFICE USE ONLY:

CC Tax Collector:

HX:

Entered By: _____

Date: _____