



**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

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## **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 1<sup>st</sup> 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 1<sup>st</sup> 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](http://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 1<sup>st</sup> 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](http://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



COUNTY COURTHOUSE  
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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

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 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: \_\_\_\_\_