

**RANDY MAZOUREK**  
**HERNANDO COUNTY PROPERTY APPRAISER**  
**PHONE: (352) 754-4190**  
**WEBSITE: [www.hernandopa-fl.us](http://www.hernandopa-fl.us)**

◆ **BROOKSVILLE OFFICE** ◆  
201 Howell Avenue, Suite 300  
Brooksville, FL 34601-2042  
Fax Numbers:

Administration (352) 754-4198  
Real Property/Tangible (352) 754-4198  
Exemptions/Central GIS (352) 754-4194



*"To Serve & Assess With Fairness"*

◆ **WESTSIDE OFFICE** ◆  
7525 Forest Oaks Blvd.  
Spring Hill, FL 34606-2400  
Fax Numbers:  
Addressing (352) 688-5060  
Exemptions (352) 688-5088

**TANGIBLE PERSONAL PROPERTY ACCOUNT STATUS CHANGE FORM**

**Account/Key Number(s)** (Example: Key 12345678): \_\_\_\_\_  
**(Business Name):** \_\_\_\_\_  
**Owner(s):** \_\_\_\_\_  
**Federal ID: #** \_\_\_\_\_  
**Location Address of Property:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**If this business has sold, please provide a copy of the Bill of Sale and the following information:**

**Name of New Owner:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ - \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Date Sold:** \_\_\_\_\_ **Sale Price: \$** \_\_\_\_\_ **Assets Included: Yes** \_\_\_\_\_ **(or) No** \_\_\_\_\_

**If this business has closed, please provide:**

**Date Business Closed:** \_\_\_\_\_  
**What has happened to the assets of the business?** \_\_\_\_\_  
**PERSONAL USE** \_\_\_\_\_ **SOLD** \_\_\_\_\_ **STORED** \_\_\_\_\_ **OTHER** \_\_\_\_\_

**I have verified with the Tax Collector's Office at (352) 754-4180 that all Tangible Personal Property taxes have been paid and are current. I am the business owner, authorized agent or legal representative of the business owner(s), and I have permission to request this change. I understand verification of identity is required and I have attached a copy of my Driver License or other Identification.**

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Return by: Email: [PATPP@hernandocounty.us](mailto:PATPP@hernandocounty.us) **OR** Fax: (352) 754-4198 **OR** Mail to the Brooksville address above.