EMERGENCY SERVICES
PUBLIC SAFETY COMMUNICATIONS

Address Change Appeal Form

If the property owner/developer/tenant disagrees with the determination of the Addressing Coordinator or their designee, an appeal may be taken regarding the determination made. The County Administrator shall hear such appeals.

For all appeal requests this completed form must be submitted to the Addressing Office. The Addressing Office will hold all appeals through the notification period and then submit them to the County Administrator for his determination. The Addressing Office shall notify all affected parties of the determination made by the County Administrator.

The property owner/tenant must file the appeal in writing to the Sarasota County Addressing Department within 30 days of the date of the notify letter. No appeals shall be considered after this date.

Applicant Name: _____

Parcel ID: _____ Email Address: _____

Phone Number: _____ Fax Number: _____

Street Address: _____ Unit/Apt: _____

City, State, Zip Code: _____

A change of address is proposed in the interest of Public Safety. In the space below, please state the reason for your appeal.

Detailed explanation:

_____
_____
_____
_____
_____
_____
_____.

Property owners
Signature(s):_____, _____.

Mail form to: Sarasota County Emergency Services, Public Safety Communications, Attn: Address Coordinator, 6050 Porter Way, Sarasota, FL 34232. If you have any questions please call 941-861-5510 or email tdickers@scgov.net. Visit us online at www.scgov.net.