City of Miami
Office of Zoning
444 SW 2 Avenue, 2nd Floor, Miami FL 33130, Telephone: 305-416-1499

CHANGE OF ADDRESS FORM

NOTE: For help with this process as well as required documentation, visit www.miamigov.com/changeofaddress

Date: ____________________

Name: ________________________________________________________________

Phone Number: __________________________________________________________

Email: _________________________________________________________________

Mailing Address: _________________________________________________________ Zip Code: __________________________

<table>
<thead>
<tr>
<th>Address type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ New Address</td>
<td>$100.00</td>
</tr>
<tr>
<td>□ Alternate Address</td>
<td>$100.00</td>
</tr>
<tr>
<td>□ Condo Unit</td>
<td>$0</td>
</tr>
<tr>
<td>□ Office Suite</td>
<td>$0</td>
</tr>
<tr>
<td>□ Apartment Unit</td>
<td>$0</td>
</tr>
</tbody>
</table>

☐ I am not seeking a change of address, but I need a letter for F.P.L., DERM/Miami-Dade Water & Sewer to verify that a new address occupies the same space as the previous address. Cost: $100

Additional Comments:
______________________________________________________________________________________________
______________________________________________________________________________________________

Primary Address: _________________________________________________________ Zip Code: __________________________

Folio Number: _____________________________________________________________

Proposed Address: _________________________________________________________ Proposed Unit/Suite (If applicable) _____

BD Number (New Construction or Reconstruction): _____________________________________________

*Please allow 2-3 business days for processing.

*************************************************************************** OFFICIAL USE ONLY***************************************************************************

Reviewer: _________________________________________________________________ Date/Time: ______________________

Approved Address: ________________________________________________________