AFFIDAVIT OF CHANGE IN PERSONAL PROPERTY

Parcel Number:_____

Owner Name:_____ Phone #:_____

Business Name:_____

Site Address:_____

Mailing Address:_____

I am no longer a business owner in Marion County as of (date)_____

Due to the following reason checked below:

☐ Business was sold (please attach a copy of the bill of sale)

Date of Sale:___/___/___

Buyer: _____

Address:_____

City, State & Zip:_____

Sale Price:_____

Did sale price include business assets? _____ Yes _____No

☐ The business was relocated to:

Street_____

City, State & Zip:_____

☐ The business terminated and the assets were:

- ☐ Retained in storage at the following location:
  _____
- ☐ Abandoned on site
- ☐ Destroyed or otherwise disposed of
- ☐ Donated to:_____
  Name, address and phone number (if available)
- ☐ Retained for personal use

Additional Comments:_____
_____
_____

I certify that the above information is true and accurate.

Signature:_____ Date:_____
(Name and title)

Mail completed forms to: Marion County Property Appraiser, Attn: Tangible Personal Property Department
P.O. Box 6919, Ocala, FL 34478-6919, Phone: (352) 368-8321 Fax: (352) 368-8324