



FULTON COUNTY BOARD OF ASSESSORS

REQUEST TO REMOVE HOMESTEAD EXEMPTION

Parcel Identification Number: _____

Property Address: _____
Street Address

City, State, Zip Code

Tax year(s) you are requesting to be removed: _____

Reason for removal: _____

Will you need a letter to take to another new county? Yes No

Do you need to change the mailing address for this property? Yes No

New Mailing Address: _____
Street Address

City, State, Zip code

Owner's Name: _____
(Please Print)

Owner's Signature: _____ Date: _____

Telephone Number: (_____) _____

Email address (if you want the letter emailed to you): _____

Request must be accompanied by a valid state-issued license or identification card
Submit completed form and identification to our office at the address below or
email to florence.brooks@fultoncountyga.gov

For Office Use Only

Received by: _____ Completed by: _____