



PATSY HEFFNER, CFC
OSCEOLA COUNTY TAX COLLECTOR

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Property Owner Affidavit

Notification to Owner and Request for Authorization for Tenant to Apply for an Osceola County Local Business Tax Receipt

As **owner** of the property located at _____
Physical Property Address (Street # , Name, City, State & Zip Code)
In Osceola County, Florida, I am aware that my tenant _____
Tenant Full Name (First and Last Name)
is applying for a Local Business Tax Receipt for the business of _____
Business Name

I am aware and understand that if my tenant, for any reason, is found to be in non-compliance with any Osceola County codes, ordinances or laws relating to his/her business that I, as owner of said property, will be responsible for any code/zoning enforcement action that may be necessary.

Property Owner Printed Full Name

Property Owner Signature

Property Owner Mailing Address

City, State & Zip

Property Owner Daytime Phone Number

Property Parcel/Tax ID Number

Signed this _____ day of _____, 20____
Day Month Year

St. Cloud Branch Office
1300 9th Street Ste. 101B
St. Cloud, Florida 34769

Buenaventura Lakes Branch Office
2539 Boggy Creek Rd.
Kissimmee, Florida 34744

Poinciana Branch Office
2924 Pleasant Hill Road
Kissimmee, Florida 34746