



Lisa Cullen, C.F.C.  
**Brevard County Tax Collector**  
 P.O. Box 2500 • Titusville, FL 32781  
 PH: (321) 264-6969 • FAX: (321) 264-5149  
 www.brevardtc.com

Management Company Name:

Account Number:

### Managed Property Information

<b>Rental Property Information</b>				Information in this section pertains to the actual rental property		<input type="checkbox"/> Adding <input type="checkbox"/> Removing	
Property Owner(s) Name:							
Rental Property Address:							
Apt/Unit #:		City:		State:		Zip Code:	
Owner's Mailing Address:							
Apt/Unit #:		City:		State:		Zip Code:	
Owner's email:				Phone #:			
<b>Type of Rental</b> <input type="checkbox"/> Condominium <input type="checkbox"/> Single Family Home <input type="checkbox"/> Duplex/Tri/Quad <input type="checkbox"/> Campground/RV Park			<input type="checkbox"/> Mobile Home <input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Other: _____			Effective Date:	
						Number of Unit(s):	
						RE Tax Acct #:	

<b>Rental Property Information</b>				Information in this section pertains to the actual rental property		<input type="checkbox"/> Adding <input type="checkbox"/> Removing	
Property Owner(s) Name:							
Rental Property Address:							
Apt/Unit #:		City:		State:		Zip Code:	
Owner's Mailing Address:							
Apt/Unit #:		City:		State:		Zip Code:	
Owner's email:				Phone #:			
<b>Type of Rental</b> <input type="checkbox"/> Condominium <input type="checkbox"/> Single Family Home <input type="checkbox"/> Duplex/Tri/Quad <input type="checkbox"/> Campground/RV Park			<input type="checkbox"/> Mobile Home <input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Other: _____			Effective Date:	
						Number of Unit(s):	
						RE Tax Acct #:	

<b>Rental Property Information</b>				Information in this section pertains to the actual rental property		<input type="checkbox"/> Adding <input type="checkbox"/> Removing	
Property Owner(s) Name:							
Rental Property Address:							
Apt/Unit #:		City:		State:		Zip Code:	
Owner's Mailing Address:							
Apt/Unit #:		City:		State:		Zip Code:	
Owner's email:				Phone #:			
<b>Type of Rental</b> <input type="checkbox"/> Condominium <input type="checkbox"/> Single Family Home <input type="checkbox"/> Duplex/Tri/Quad <input type="checkbox"/> Campground/RV Park			<input type="checkbox"/> Mobile Home <input type="checkbox"/> Hotel <input type="checkbox"/> Motel <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Other: _____			Effective Date:	
						Number of Unit(s):	
						RE Tax Acct #:	

**For multiple properties, please make copies of this form as needed.**