

Record/Return to:  
City Clerk's Office  
City of Tavares  
201 E. Main Street  
Tavares, FL 32778



**CITY OF TAVARES**

**201 E. MAIN STREET, TAVARES, FL 32778**

**AFFIDAVIT OF AMENDMENT OF DOMESTIC PARTNERSHIP – ADDRESS CHANGE**

**City of Tavares Code of Ordinances - Ordinance 2013-01**

**Instructions:**

Complete and submit this form (**notarization is required**) to the City Clerk's Office. A filing fee of \$20.00 plus recording costs in the amount of \$10.00 is required and must be remitted at the time of application. Make check payable to the City of Tavares. The Affidavit of Amendment of Domestic Partnership becomes effective on the date of the recording of this form. Please contact the City Clerk's office at (352) 742-6209 with any questions.

**State of Florida**

**County of Lake**

**I swear or affirm under penalty of perjury that:**

1. I am a Domestic Partner registered in Tavares, Florida. The registry number of my domestic partnership is \_\_\_\_\_.
2. The undersigned's legal address has changed.
3. The registration of domestic partnership should be amended to reflect my new address as follows:

Partner(s) Requesting Address Change:

\_\_\_\_\_  
Address as indicated on original partnership registration: \_\_\_\_\_

\_\_\_\_\_  
New Address: \_\_\_\_\_

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, Tavares, Lake County, Florida.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Print Name)

**State of Florida**

**County of \_\_\_\_\_**

**Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_ by**

\_\_\_\_\_ **who is personally known \_\_\_\_\_ or produced**  
**identification \_\_\_\_\_.**

\_\_\_\_\_  
**(Signature of Notary)**