

AFFIDAVIT

I, _____, do hereby withdraw my _____
(year)

_____ Exemption Application on _____
(type) (legal description)

_____ due to _____
(list reason)

I understand by signing this form the Homestead Exemption AND any Save Our Homes limitation previously applied for will be lost and the property's assessed value returned to full market (just) value for the stated tax roll year.

I make this statement of my own free will.

Signature of Applicant

Address of Applicant

City, State, and Zip Code

STATE OF FLORIDA
COUNTY OF CHARLOTTE

The foregoing instrument was acknowledged before me this _____ day of _____
20 ____ , by _____ .

Signature of Notary Public

Commissioned Name of Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Commission Number: _____