

AFFIDAVIT

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

DR-501T Transfer of Homestead Assessment Difference Application on _____
(legal description)

_____ due to _____ .
(list reason)

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: _____