

EXEMPTION WITHDRAWAL REQUEST

I, _____, do hereby withdraw my _____
(year)
_____ Exemption Application on
(type)
_____ (legal description)

due to _____.
(list reason)

I understand by signing this form the _____ Exemption
previously applied for will not be processed, but it will be withdrawn from consideration.

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: _____