



# CERTIFICATE OF CORRECTION OF TAX ROLL

Sections 197.131 and 197.122, Florida Statutes  
 To: Tax Collector, \_\_\_\_\_ County, Florida

DR-409  
 R. 04/16  
 Rule 12D-16.002  
 F.A.C.  
 Eff. 04/16

Tax Roll ID #: \_\_\_\_\_

Please make the corrections below to the  Real Property  Tangible Personal Property Tax Roll for 20\_\_\_\_.

Parcel ID		O.R. book	Page
Name		Tax roll description	
Address			

**Refunds**

Refund less than \$2,500  
 Tax collector: determine refund

Refund \$2,500 or more  
 Tax collector: send to DOR for action (s. 197.182, F.S.)

Material mistake of fact being corrected according to s. 197.122, F.S., within one year of approval of the tax roll according to s. 193.1142, F.S., on \_\_\_\_\_ (enter date).

**Correction Type**

Add to roll     Delete from roll  
 Back assess     Correct description  
 Correct name, address  
 Combine with or  Double with Parcel ID \_\_\_\_\_

Values	Initial	Corrected
Just value		
Assessed or classified value, school		
Assessed or classified value, non-school		
Homestead, regular		
Homestead, additional		
Senior homestead, county		
Senior homestead, municipal		
Economic		
Exempt value, non-homestead, school		
Exempt value, non-homestead, non-school		
Penalty, TPP		
Other:		
Other:		
Taxable value, school		
Taxable value, county		
Taxable value, municipal		
<b>TOTAL TAX</b>		

**Exemption and Assessment Limitations**

<input type="checkbox"/> Homestead	<input type="checkbox"/> Widowed
<input type="checkbox"/> Disabled	<input type="checkbox"/> Blind
<input type="checkbox"/> Governmental	<input type="checkbox"/> Institutional
<input type="checkbox"/> Disabled veteran	<input type="checkbox"/> Disabled veteran discount
<input type="checkbox"/> Deployed military	<input type="checkbox"/> Veteran spouse
<input type="checkbox"/> First responder spouse	<input type="checkbox"/> Save Our Homes change
<input type="checkbox"/> Senior citizen homestead	<input type="checkbox"/> Tangible personal property
<input type="checkbox"/> Veteran service connected	<input type="checkbox"/> Totally & permanently disabled
<input type="checkbox"/> 10% non-homestead limit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Disabled veteran confined to wheelchair	
<input type="checkbox"/> Surviving spouse of veteran who died on active duty	
<input type="checkbox"/> Senior citizen homestead – 25 year resident	
<input type="checkbox"/> Parent, grandparent assessment reduction	

**Adjusted Value**

<input type="checkbox"/> Land	<input type="checkbox"/> Square feet
<input type="checkbox"/> Building	<input type="checkbox"/> Lot size
<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Acreage
<input type="checkbox"/> Curtilage change	<input type="checkbox"/> Number of lots
<input type="checkbox"/> Number of residential units	<input type="checkbox"/> Tangible personal property
<input type="checkbox"/> Other: _____	

**Adjusted Use**

<input type="checkbox"/> Improvement	<input type="checkbox"/> Vacant
<input type="checkbox"/> Commercial	<input type="checkbox"/> Allow agricultural classification
<input type="checkbox"/> Other: _____	

**Reasons for correction** Add pages, if needed. (Field will expand online.)

\_\_\_\_\_  
 Signature, property appraiser or deputy

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Received by: \_\_\_\_\_  
 Signature, tax collector or deputy

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date