



**CERTIFICATE OF CORRECTION OF  
NON-AD VALOREM ASSESSMENT ROLL**  
Section 197.3632, F.S, and Rule 12D-18.006(2), F.A.C.

\_\_\_\_\_ County

To: Tax Collector

You are hereby authorized to correct the assessment, rate/basis, or legal description of the Non-Ad Valorem Assessment Roll as follows:

Tax year

Parcel or folio number			
Name to whom assessed			
Address			
<input type="checkbox"/> Change legal description to:			
<input type="checkbox"/> Change rate/basis from:		to:	
<input type="checkbox"/> Change non-ad valorem assessment from:		to:	
State reason for correction:			

Attach additional documents when necessary

\_\_\_\_\_  
Local government representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of government unit or taxing authority

Original: Tax Collector

cc: Property Appraiser  
Local Government  
Department of Revenue  
Property Tax Oversight  
PO Box 3000  
Tallahassee, FL 32315-3000