



## Notification of Changes to the Address/Jurisdiction Database

DR-700022  
R. 08/20  
Rule 12AER20-11, F.A.C.  
Effective 08/20  
Page 1 of 2

All change requests can be submitted using the Department of Revenue's website at  
**floridarevenue.com/taxes/pointmatch.**

Name of jurisdiction or county initiating change:	County:
Effective date of change (check only one): <input type="checkbox"/> January 1, _____ <input type="checkbox"/> July 1, _____	
Project and Case Number: _____ <b>Note:</b> The case number is assigned by the Department's Address/Jurisdiction Database after the change records are submitted. The Database is available at <b>floridarevenue.com/taxes/pointmatch.</b>	
Type of jurisdiction or county change ( <input type="checkbox"/> check one): <input type="checkbox"/> Street address correction <input type="checkbox"/> New address <input type="checkbox"/> Annexation <input type="checkbox"/> Incorporation <input type="checkbox"/> Disincorporation <input type="checkbox"/> Reorganization <input type="checkbox"/> Other _____	
Does this change affect another local jurisdiction or county? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter affected jurisdiction or county: _____	

Official Authorization			
Part A		Part B	
Initiating jurisdiction or county:		Affected jurisdiction or county:	
Name of authorizing official:		Name of authorizing official (See Instructions - Step 4.):	
Title:		Title:	
Telephone:	Fax:	Telephone:	Fax:
Email:		Email:	
I have reviewed the proposed changes for accuracy. I am an authorized representative of the Florida jurisdiction or county requesting these changes. I authorize the Department of Revenue to modify the Database to reflect these changes.		I have reviewed the proposed changes for accuracy. I am an authorized representative of the Florida jurisdiction or county affected by these changes. I authorize the Department of Revenue to modify the Database to reflect these changes.	
Signature: _____		Signature: _____	
Date: _____		Date: _____	

Part C. Complete this part only if you are unable to obtain the written consent of the affected jurisdiction or county.	
Affected jurisdiction or county:	Name of authorizing official contacted:
Method of contact ( <input type="checkbox"/> check all that apply): <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Other	
I have contacted the authorizing official named above and have been unable to obtain a signature in Part B.	
Signature of authorized representative of initiating jurisdiction or county: _____	

FOR DOR USE ONLY		
Date Received: _____	Worked By: _____	Action: _____

## Instructions for Completing Form DR-700022

### Who must use this form?

Local governing authorities must use Form DR-700022 to notify the Department of Revenue (Department) of local government jurisdiction or county changes. Each jurisdiction or county must furnish the Department with all the information necessary to update the Address/Jurisdiction Database. Special fire control districts must use Form DR-350907 to submit jurisdiction or county changes, and cannot use Form DR-700022.

Competent evidence for the jurisdiction or county change must be submitted with this form. Competent evidence to support a change to the Address/Jurisdiction Database is documentation establishing that the addresses affected by the requested change or addition are located in the local taxing jurisdiction or county indicated on the request. Local taxing jurisdictions that do not have access to computers with Internet access should contact the Department to request authorization to submit changes through alternative electronic media.

### How to submit changes?

**Step 1. Set up online access.** The fastest and easiest way to submit changes is online at **floridarevenue.com/taxes/pointmatch**. Register and create your profile for review and approval.

**Step 2. Submit changes online.** There are two ways to submit changes:

- upload your database of addresses; or
- download your jurisdiction's or county's addresses from the Department's Database and, after reviewing and correcting the addresses, upload the corrected file back into the system.

The changes will be processed and compared to existing addresses in the Database to produce a project for the jurisdiction or county with individual cases created by the type of change.

If your city is participating in the local insurance premium tax for the firefighters' pension fund, the appropriate fire district information will be added to addresses systematically. When the project is successfully submitted, you will receive notification from the Department's Local Government Unit of its status. If the project is approved for release, all affected jurisdictions and counties will be notified to review and approve the updates.

**Step 3. Complete Form DR-700022.** Changes must be provided 120 days prior to the effective date of the changes indicated. The project and case number are assigned by the Department's Address/Jurisdiction Database after the change records are submitted. Enter the project and case number you received online on Form DR-700022. Check the box that

corresponds to the type of change requested and indicate whether the change affects another local jurisdiction or county. If the answer is "yes," enter the name of the jurisdiction or county in the space provided.

**Step 4. Obtain authorization.** If the change affects only your jurisdiction or county, complete Part A of the Official Authorization section. If the change affects another jurisdiction or county, complete Parts A and B. To facilitate the processing of changes, the local jurisdiction or county requesting the change should attempt to obtain the written consent of the affected jurisdiction or county (signature in Part B). The name of the authorizing official should be the Address/Jurisdiction Database contact person for that jurisdiction or county.

Local governments can access a list of contact persons on the Database website at **floridarevenue.com/taxes/pointmatch**. For a list of local insurance premium tax contacts, go to **floridarevenue.com/taxes/ipt**.

All others should call the Department's Local Government Unit at 850-717-6630 for this information. Complete Part C only if you have attempted to obtain the signature of the authorizing official and have been unable to do so.

**Step 5. Attach competent evidence to this form.** Mark each piece of evidence with the case number provided by the Database. Some examples of competent evidence are:

- **Ordinance**
- **Annexation approval**
- **Permit(s)**

For online submissions, GIS-data files are also considered competent evidence.

**Step 6. Submit Form DR-700022 (with competent evidence) to the Department.**

Submit your completed information and all competent evidence online at **floridarevenue.com/taxes/pointmatch** or by email, fax, or mail to the Florida Department of Revenue's Local Government Unit at:

**Email:** **local-govt-unit@floridarevenue.com**

**Fax:** **850-921-4711**

**Mail to:** **Local Government Unit**  
**Florida Department of Revenue**  
**PO Box 5885**  
**Tallahassee, FL 32314-5885**

For more information, call the Department's Local Government Unit at 850-717-6630 or email to:

**local-govt-unit@floridarevenue.com**