



Notification of Changes to the Address/Jurisdiction Database

DR-700022
R. 12/20
Rule 12AER20-15, F.A.C.
Effective 12/20
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All change requests can be submitted using the Department of Revenue's website at floridarevenue.com/taxes/pointmatch.
If submitting changes for tourist development tax (TDT), only complete part D of this form.

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: _____	
Note: The case number is assigned by the Department's Address/Jurisdiction Database after the change records are submitted. The Database is available at floridarevenue.com/taxes/pointmatch .	
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. Jurisdiction or county requesting change		Part B. Jurisdiction or county affected by change	
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. Signature: _____ Date: _____		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: _____ Date: _____	
Part C. Complete this part only if you are unable to obtain the written consent of the affected jurisdiction or county (Part B).		Part D. Complete this part only if providing tourist development tax (TDT) indicators for subcounty special districts.	
Affected jurisdiction or county: _____		Effective date of change (check only one): <input type="checkbox"/> January 1, _____ or <input type="checkbox"/> July 1, _____	
Name of authorizing official contacted: _____		Project and Case Number: _____	
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		Note: The case number is assigned by the Database once change records are submitted. The Database is available at floridarevenue.com/taxes/pointmatch .	
I have contacted the authorizing official named above and have been unable to obtain a signature in Part B. I am an authorized representative of the initiating jurisdiction or county. Signature: _____ Date: _____		I have reviewed the proposed TDT 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. Signature: _____ Date: _____	

	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. Counties submitting data for tourist development tax (TDT) in a subcounty special district should use Part D of this form.

Note: 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 or county 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 page 1 of 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.

Only the official database contact person may sign as the authorized representative of the jurisdiction. For information about official database contact persons, contact the Local Government Unit at the contact information provided below. For a list of the local insurance premium tax contacts, go to floridarevenue.com/taxes/ipt under the section "Municipal Police Officers' Retirement Trust Fund and Firefighters' Pension Trust Fund."

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