



EXEMPTION CANCELLATION FORM

Instructions: Complete the information below. Sign, date, and return this form by mail or in person to 111 NW First Street, Suite 710, Miami, Florida 33128. **You must include a copy of your valid Driver's License or State ID with the exemption cancellation request.** Note: If your mailing address has changed, please update below.

Stamp Receive Date

STEP 1: What property do you want to cancel exemption(s) on?

Property Address _____

Folio Number _____

STEP 2: Which exemption(s) do you want to cancel?

- Homestead Exemption (Month, day and year you moved out?) _____
- Widow/Widower (If checked, what date did you remarry?) _____
- Civilian Disability (Includes \$5,000 and Total and Permanent Disability)
- Veteran Disability (Includes \$5,000 and Total and Permanent Disability)
- Senior Exemption
- Granny Flat Assessment Reduction
- Other _____

STEP 3: Complete the section below and include a copy of your valid Driver's License or State ID. Please cancel the above indicated exemption(s) and, if applicable, issue a corrective tax bill.

Print Name _____

Date _____

Social Security Number _____

Signature _____

Phone Number _____

CHANGE OF MAILING ADDRESS

New Mailing Address:

Office use only: Current Year Cancel Prior Year/cut out #