



**Local Insurance Premium Tax  
Special Fire Control Districts  
Notification of Jurisdiction Change**

DR-350907  
R. 10/06  
TC

Mail to:  
LOCAL GOVERNMENT UNIT  
FLORIDA DEPARTMENT OF REVENUE  
PO BOX 6530  
TALLAHASSEE FL 32314-6530

All jurisdiction change requests **must** be submitted via the Department of Revenue's Internet site at <http://geotax.state.fl.us>. Competent evidence for the jurisdiction change described below **must** be submitted with this form. Changes submitted without filing this form and the proper documentation will not be considered for modification of the address/jurisdiction database.

Name of Fire Control District initiating change _____	
Effective date of change <b>NOTE:</b> Changes must be provided by September 3rd each year.	
Case number _____	<b>NOTE:</b> The case number is assigned by the Department's address database once change records are submitted. The database is available at <a href="http://geotax.state.fl.us">http://geotax.state.fl.us</a>
Type of jurisdiction change	
<input type="checkbox"/> Street address correction <input type="checkbox"/> New address <input type="checkbox"/> Annexation <input type="checkbox"/> Other _____	
Does this change affect another local jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, enter affected jurisdiction _____	

OFFICIAL AUTHORIZATION			
Part A		Part B	
Initiating jurisdiction		Affected jurisdiction	
Name of authorizing official		Name of authorizing official ( <i>See Instructions - Step 4.</i> )	
Title		Title	
Telephone	Fax	Telephone	Fax
E-mail		E-mail	
I have reviewed the proposed jurisdiction changes for accuracy. I am an authorized representative of the Florida jurisdiction requesting these changes. I authorize the Department of Revenue to modify the address/jurisdiction database to reflect these changes.		I have reviewed the proposed jurisdiction changes for accuracy. I am an authorized representative of the Florida jurisdiction affected by these changes. I authorize the Department of Revenue to modify the address/jurisdiction database to reflect these changes.	
Signature _____		Signature _____	
Date _____		Date _____	

<b>Part C. Complete this part only if you are unable to obtain the written consent of the affected jurisdiction.</b>	
Affected jurisdiction	Name of authorizing official contacted
Method of contact (✓ check all that apply)	
<input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <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 _____	

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

## Instructions for Completing Form DR-350907

### Who must use this form?

Special Fire Control Districts participating in the Local Insurance Premium Tax associated with a Firefighters' Pension Trust Fund under Chapter 175, Florida Statutes must use Form DR-350907 to notify the Department of Revenue (DOR) of jurisdiction changes.

**Note:** All jurisdiction change requests must be submitted via the Department of Revenue's Internet site at <http://geotax.state.fl.us>. Competent evidence for the jurisdiction change must be submitted with this form.

Section 175.101(1), Florida Statutes states that the local insurance premium tax is imposed only on policies covering property "within the corporate limits of such municipalities or within the legally defined boundaries of special fire control districts, respectively."

Changes submitted online without filing this form and the proper competent evidence attachments will not be considered.

### How to submit jurisdiction changes

**Step 1. Set up online access.** Obtain your access code for the online address/jurisdiction database from DOR. Log on to the database at <http://geotax.state.fl.us> and establish your profile.

**Step 2. Submit changes online.** After reviewing the current address/jurisdiction database, submit your jurisdiction changes either by using the online entry screen or batch process. When the changes are successfully submitted, you will receive a case number. All jurisdiction changes must be submitted to DOR via the online database, unless otherwise approved.

**Step 3. Complete Form DR-350907.** Enter the name of the jurisdiction initiating the change and the effective date of the change. Changes must be provided by September 3rd each year. Enter the case number you received online. The case number is assigned by the Department's address database once change records are submitted. Check the box that corresponds to the type of jurisdiction change and indicate whether the change affects a municipality or another Special Fire Control District participating in providing pension benefits to firefighters as provided under Chapter 175, Florida Statutes. If the answer is "yes," enter the name of the municipality or Special Fire Control District in the space provided.

**Step 4. Obtain authorization.** If the change to the database affects only your jurisdiction, complete Part A of the Official Authorization section. If the change affects a participating municipality or another Special Fire Control District participating in providing pension benefits to firefighters as provided under Chapter 175 Florida Statutes, complete Parts A and B. To facilitate processing of address database changes, the local jurisdiction requesting the change should attempt to obtain the written consent of the affected jurisdiction (signature in Part B). The name of the authorizing official should be the address database contact person for that jurisdiction. Participating Special Fire Control Districts can access a list of contact persons on the Internet at [http://www.myflorida.com/dor/taxes/ipt\\_contacts.pdf](http://www.myflorida.com/dor/taxes/ipt_contacts.pdf). Special Fire Control Districts can also 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 online case number. Some examples of competent evidence are:

- Plat
- Ordinance
- Survey
- Annexation approval
- Map
- Permit(s)

**Step 6. Submit Form DR-350907 (with competent evidence attached ) to DOR.**

Mail to:

Florida Department of Revenue  
Local Government Unit  
PO Box 6530  
Tallahassee, FL 32314-6530

For overnight or other delivery requiring a street address, use:

Florida Department of Revenue  
Local Government Unit  
Mail Stop 1-4400  
5050 W Tennessee St  
Tallahassee, FL 32399-0161

Or Fax to: 850-921-4711

For more information, call the Department's Local Government Unit at 850-717-6630 or e-mail to: [local-govt-unit@dor.state.fl.us](mailto:local-govt-unit@dor.state.fl.us).

Persons with hearing or speech impairments may call our TDD at 800-367-8331 or 850-922-1115.