



CERTIFICATE OF CORRECTION OF TAX ROLL

DR-409
R. 12/11
Rule 12D-16.002, F.A.C.

Sections 197.131 and 197.122, Florida Statutes
To: Tax Collector, _____ County, Florida

Please make the corrections below to the Real Property Tangible Personal Property Tax Roll for 20_____.

Parcel ID		O.R. book	Page
Name		Tax roll description	
Address			

Refund Amount (check one)

Refund less than \$2,500
Tax collector: determine refund

Refund \$2,500 or more
Tax collector: send to DOR for action (s. 197.182, F.S.)

A material mistake of fact relating to an essential condition of the property is being corrected according to s. 197.122, F.S., within one year of approval of the tax roll which occurred according to s. 193.1142, F.S., on _____ (enter date).

Correction Type

<input type="checkbox"/> Add to roll	<input type="checkbox"/> Delete from roll
<input type="checkbox"/> Back assess	<input type="checkbox"/> Correct description
<input type="checkbox"/> Correct name, address	
<input type="checkbox"/> Combine with: Parcel ID _____	<input type="checkbox"/> Double with

Values	Initial	Corrected
Just value		
Assessed or classified value, school		
Assessed or classified value, non-school		
Homestead, regular		
Homestead, additional		
Senior homestead, county		
Senior homestead, municipal		
Economic		
Exempt value, non-homestead, school		
Exempt value, non-homestead, non school		
Penalty, TPP		
Other:		
Other:		
Taxable value, school		
Taxable value, county		
Taxable value, municipal		
TOTAL TAX		

<input type="checkbox"/> Exemption and Assessment Limitations <input type="checkbox"/> Homestead <input type="checkbox"/> Senior citizen homestead <input type="checkbox"/> Widowed <input type="checkbox"/> Save Our Homes change <input type="checkbox"/> Disabled <input type="checkbox"/> Disabled veteran <input type="checkbox"/> Governmental <input type="checkbox"/> Totally & permanently disabled <input type="checkbox"/> Institutional <input type="checkbox"/> Tangible personal property <input type="checkbox"/> Parent, grandparent assessment reduction <input type="checkbox"/> 10% non-homestead limit <input type="checkbox"/> Other: _____	<input type="checkbox"/> Adjusted Value <input type="checkbox"/> Land <input type="checkbox"/> Square feet <input type="checkbox"/> Building <input type="checkbox"/> Lot size <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Acreage <input type="checkbox"/> Curtilage change <input type="checkbox"/> Number of lots <input type="checkbox"/> Number of residential units <input type="checkbox"/> Tangible personal property <input type="checkbox"/> Other: _____	<input type="checkbox"/> Adjusted Use <input type="checkbox"/> Improvement <input type="checkbox"/> Vacant <input type="checkbox"/> Commercial <input type="checkbox"/> Allow agricultural Classification <input type="checkbox"/> Other: _____
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Reasons for correction Add pages, if needed. (Field will expand online.)

_____ Signature, property appraiser or deputy	_____ Title	_____ Date
Received by: _____	_____ Title	_____ Date
_____ Signature, tax collector or deputy	_____ Title	_____ Date