



**Certificate of Correction
of
Non-Ad Valorem Assessment Roll
Section 197.3632 F.S., and Rule 12D-18.006(2) F.A.C.**

_____ County, Florida

To: Tax Collector

You are hereby authorized to correct the assessment, rate/basis, or legal description of the _____
Non-Ad Valorem Assessment Roll as follows: (tax year)

Parcel or folio number _____

Name to whom assessed _____

Address _____

Change legal description to: _____

Change rate/basis from: _____
to: _____

Change non-ad valorem assessment from: _____ to: _____

State reason for correction:

(attach additional documents when necessary)

Local Government Representative/Date

Name of Governmental Unit or Taxing Authority

**White - Tax Collector
Canary - Property Appraiser
Goldenrod - Local Government**

Pink -

**Department of Revenue
Property Tax Administration
P.O. Box 3000
Tallahassee, Florida 32315-3000**