



Cut Out Request

Tax Roll Year: _____ County, Florida
Date: _____ Tax Certificate No. _____ Year _____
(If Applicable)

To The Appraiser: A cut out is hereby requested on the following property:

Property Description:	Parcel No. _____
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Assessed To: _____
Address: _____

Description of Cut Out Property:	Parcel No. _____
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Assessed To: _____ Signature of Person Requesting Cut Out: X _____
Address: _____ Signature: Tax Collector, By _____

To the Tax Collector: Cut Out Property Value	Date returned to Tax Collector _____
Just Value \$ _____	Date received by Appraiser _____
Classified Use Value _____	Millage Breakdown-All Districts
Wholly Exempt Value _____	District Name or Code Millage
Exempt for County Purposes _____	
County Taxable Value _____	
Additional Exempt Value _____	
Exempt for Schools _____	

Property Description Remaining After Cut Out	Parcel No. _____
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Assessed To: _____
Address: _____

Property Value Remaining After Cut Out	Millage Breakdown-All Districts
Just Value \$ _____	District Name or Code Millage
Classified Use Value _____	
Wholly Exempt Value _____	
Exempt for County Purposes _____	
County Taxable Value _____	
Additional Exempt Value _____	
Exempt for Schools _____	

Date: _____
Signature: Appraiser, By _____