



**CERTIFICATE OF CORRECTION OF  
NON-AD VALOREM ASSESSMENT ROLL**  
Section 197.3632, F.S, and Rule 12D-18.006(2), F.A.C.

\_\_\_\_\_ County

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   |  |     |  |
| <input type="checkbox"/> Change legal description to:           |  |     |  |
| <input type="checkbox"/> Change rate/basis from:                |  | to: |  |
| <input type="checkbox"/> Change non-ad valorem assessment from: |  | to: |  |
| State reason for correction:                                    |  |     |  |

Attach additional documents when necessary

\_\_\_\_\_  
Local government representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of government unit or taxing authority

Original: Tax Collector

cc: Property Appraiser  
Local Government  
Department of Revenue  
Property Tax Oversight  
PO Box 3000  
Tallahassee, FL 32315-3000