

## EXEMPTION REMOVAL FORM

Permanent Parcel Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

By filling out this removal form, you are stating that you would like to remove the following checked exemptions from your property:

- General Homestead Exemption
- Senior Homestead Exemption
- Senior Freeze

To qualify for exemptions the home must be owner occupied and their primary dwelling place. The undersigned states that he/she is no longer claiming the above residence as their primary dwelling place.

Remove the checked exemptions from the above property beginning January 1, \_\_\_\_\_.

Current Owner's Signature: \_\_\_\_\_

Print Owner's Name: \_\_\_\_\_

Owner's Primary Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Request: \_\_\_\_\_