



| For DOR Use Only | |
|---|------|
| Refund Ordered <input type="checkbox"/> Denied <input type="checkbox"/> | AI#: |
| Date _____ | TPP: |
| Department of Revenue | |
| Subject Matter Index Code: | RP: |
| Control Number: | |
| Date Received: | |

Application for Refund of Ad Valorem Taxes

State of Florida
County of _____

Pursuant to Section 197.182 Florida Statutes,

_____ of _____
(Payee) (Mailing Address)

hereby makes application to the County Tax Collector for refund of \$ _____ for the tax year _____ of
(Amount)
moneys paid to the County Tax Collector and as justification therefor present the following facts: (State specific reason for
refund - See attachments.)

Under penalties of perjury, I declare that I have read the foregoing Application for Refund of Ad Valorem Taxes and that
the facts stated in it are true. If prepared by someone other than the Taxpayer, his/her declaration is based on all
information of which he/she has knowledge.

Signature and Title
Applicant/Payee

Date

Submitted by:
Tax Collector _____ on _____, _____
(Signature) (year)

County of _____ Florida.
(County)

Parcel # _____

Check No.: _____

Page/Line _____

Date: _____

Approved By: _____

TAX COLLECTORS INSTRUCTIONS

I. COMPLETE DR-462 WITH:

- (a) A copy of the paid tax receipt for each tax year requested.
- (b) Certificate of correction to the tax roll signed and dated by the property appraiser.
- (c) Other supporting documents.
- (d) Copy of homestead application or renewal if required.

II. TAXES PAID IN ERROR:

- (a) Copy of certified letter to taxpayer (45 day notice)
- (b) Copy of certified mail, return receipt requested.
- (c) Tax notice receipt.
- (d) Other supporting documents.

TAXPAYER - APPLICANT INSTRUCTIONS

1. Complete Application Form DR-462
2. Attach All Supporting Documents
3. File With Tax Collector