



# IMPERIAL P O L K C O U N T Y

Form- CCR350  
Revised 11/2022  
ADA Compliant

Property Appraiser  
Marsha M. Faux, CFA, ASA  
www.polkpa.org

## EXEMPTION CANCELLATION / APPLICATION WITHDRAWAL FORM

If you desire to have an exemption cancelled or an application withdrawn, please complete the information below and return this form to any of our offices listed below. You may also email the completed form to: [paoffice@polk-county.net](mailto:paoffice@polk-county.net).

I, \_\_\_\_\_, applicant/exemptee of parcel number \_\_\_\_\_  
property address \_\_\_\_\_

No longer qualify for the exemption(s) marked below

**OR**

Wish to withdraw my **application** for the exemption(s) marked below:

<input type="checkbox"/> HX - Homestead Exemption	<input type="checkbox"/> SX / SX2 - Senior's Exemption	<input type="checkbox"/> WX - Widow(er) Exemption	<input type="checkbox"/> BL - Blind Exemption	<input type="checkbox"/> DX - Disability Exemption
<input type="checkbox"/> 002 - Total & Permanent Disability Exemption	<input type="checkbox"/> QD - Quadriplegic Exemption	<input type="checkbox"/> 003 - Veteran Confined to a Wheelchair Exemption	<input type="checkbox"/> MX - Deployed Military Exemption	<input type="checkbox"/> VX - Veteran's Disability Exemption / Surviving Spouse
<input type="checkbox"/> V7 - Senior Disability Veteran Discount	<input type="checkbox"/> GR - Granny Flat Exemption	<input type="checkbox"/> CE1/CE2 - Conservation Easement Exemption	<input type="checkbox"/> Institutional / Governmental Exemption	<input type="checkbox"/> Religious / Charitable Exemption
<input type="checkbox"/> 001 - Veteran Total Disability Exemption <input type="checkbox"/> S01 - Surviving Spouse of Disabled Veteran Exemption <input type="checkbox"/> SV1 - Surviving Spouse of Veteran Who Died in the Line of Duty Exemption			<input type="checkbox"/> 004 - Disabled First Responder <input type="checkbox"/> S04 - Surviving Spouse of Disabled First Responder <input type="checkbox"/> SF4 - Surviving Spouse of First Responder Who Died in the Line of Duty	

**Due to:**

[Please enter the date in the appropriate box(es)]

No longer primary residence as of:	No longer occupy property. I moved on:	Do not meet income requirement as of:
The property is being rented as of:	I sold the property on:	Have exemption on another property as of:
Owner is deceased as of:	Remarried as of:	No longer deployed outside of the US as of:
I applied for the wrong exemption on:	Other (Explain):	

Please update my mailing address to:

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**IMPORTANT! This form is not valid if not signed and dated by the property owner or authorized agent.**

Name	Signature	Telephone Number/Email Address	Date
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Florida Statute, Sections [196.011](#) and [196.161](#) states that it is the duty of the owner of any property to notify the Property Appraiser promptly whenever the use of the property, the status or condition of the owner changes so as to change effects the exempt status of the property. If any property owner fails to so notify the Property Appraiser and the Property Appraiser determines that for any year within the prior 10 years the owner was not entitled to receive such exemption, the property shall be subject to the taxes exempted as a result of such failure, plus 15 percent interest per annum and a penalty of 50 percent of the taxes exempted.