



## Highlands County Exemption Rescind Request

The property owner requesting removal **MUST** be the exemption applicant. Non-applicants can not request removal of an exemption. In order to rescind the homestead exemption status in its entirety, **all** exemption applicants must agree to do so by completing and signing this form. You must include a copy of your valid Driver's License or State ID with the exemption rescind request. Submit the completed form in person at 560 S. Commerce Ave Sebring, FL 33870, or via email to [exemptions@hcpao.org](mailto:exemptions@hcpao.org). For questions regarding this form, please call (863) 402-6678.

Name of Applicant 1 requesting removal of exemption(s): \_\_\_\_\_

Name of Applicant 2 requesting removal of exemption(s): \_\_\_\_\_

This request for removal of exemption(s) applies to Parcel ID: \_\_\_\_\_

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

New mailing address: \_\_\_\_\_

This request for removal of exemption(s) is effective January 1, (please enter the effective tax year): \_\_\_\_\_

Select exemption(s) to be removed:  Homestead  Widow/Widower  VA Disability  Disability  Other

(If you checked Other, please describe): \_\_\_\_\_

Select the reason(s) below that you no longer qualify for the exemption (s):

I and/or my spouse claim a tax exemption/credit elsewhere. (Enter the address of the property on the next line):

\_\_\_\_\_

The property is no longer my/our permanent residence. (Enter the date you moved): \_\_\_\_\_

The property is rented. Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Other – must state reason and effective date: \_\_\_\_\_

I/We understand the removal of the above exemption(s) will result in an increase of ad valorem taxes on the above listed property. I have availed myself of the opportunity to ask any questions, seek clarification, or obtain additional information prior to this action being requested. Additionally, I understand that in order to receive the exemption(s) in the future, a new application must be submitted for approval.

\_\_\_\_\_  
Owner Signature Date Phone Number

\_\_\_\_\_  
Owner Signature Date Phone Number

For Office Use Only

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_