

AFFIDAVIT

I, \_\_\_\_\_, do hereby withdraw my \_\_\_\_\_  
(year)

DR-501T Transfer of Homestead Assessment Difference Application on \_\_\_\_\_  
(legal description)

\_\_\_\_\_ due to \_\_\_\_\_ .  
(list reason)

I make this statement of my own free will.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
City, State, and Zip Code

STATE OF FLORIDA  
COUNTY OF CHARLOTTE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_ , by \_\_\_\_\_ .

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commissioned Name of Notary Public

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Commission Number: \_\_\_\_\_