



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