

**CUTOUT REQUEST**

Section 197.373, Florida Statutes

DR-518

R. 04/16

Rule 12D-16.002, F.A.C.

Eff. 04/16

____ County, Florida

Tax roll year 20__

Date _____

Tax certificate number, if available _____ Year 20__

COMPLETED BY REQUESTOR AND TAX COLLECTOR

Name	Complete this section and send it to the property appraiser.		
Property description	Parcel ID		
Assessed to	Address		
Description of cutout property	Parcel ID		
Assessed to	Address		

_____ by _____
 Signature, requestor Signature, tax collector

COMPLETED BY PROPERTY APPRAISER

Date received by appraiser	Date returned to tax collector
----------------------------	--------------------------------

Cutout Property Value	Millage Breakdown, All districts	
	District name or code	Millage
Just value		
Classified use value		
Wholly exempt value		
Exempt for county purposes		
County taxable value		
Additional exempt value		
Exempt for schools		

Description of Property Remaining after Cutout	Parcel ID
--	-----------

Assessed to	Address
-------------	---------

Property Value Remaining after Cutout	Millage Breakdown, All districts	
	District name or code	Millage
Just value		
Classified use value		
Wholly exempt value		
Exempt for county purposes		
County taxable value		
Additional exempt value		
Exempt for schools		

Complete this form and
return it to the tax collector.

Signature, appraiser_____
Date