



CONTIGUOUS PARCEL REQUEST

FL Statute 196.031 (1)(a)

DATE OF REQUEST: _____

HOMESTEAD PARCEL ID: _____

HOMESTEAD APP ID: _____

VACANT PARCEL ID: _____

OWNER NAME: _____

ADDRESS: _____

LEGAL DESCRIPTION: _____

SPECIAL INSTRUCTIONS: _____

OWNER SIGNATURE: _____

PHONE NUMBER: _____

DEPUTY CLERK: _____

CONTIGUOUS PARCELS TO BE SHOWN ON 20____ TAX ROLL.