



## Notification of Jurisdiction Change for Local Communications Services and Local Insurance Premium Tax

DR-700022  
R. 10/13  
Rule 12A-19.100  
Florida Administrative Code  
Effective 01/14

All jurisdiction change requests **must** be submitted using the Department of Revenue's Internet site at <https://pointmatch.state.fl.us>.

Name of jurisdiction initiating change	County
Effective date of change (check only one) <input type="checkbox"/> January 1, _____ <input type="checkbox"/> July 1, _____	
Case number	<b>NOTE:</b> The case number is assigned by the Department's address database once change records are submitted. The database is available at <a href="https://pointmatch.state.fl.us">https://pointmatch.state.fl.us</a>
Type of jurisdiction change (✓ check one)	
<input type="checkbox"/> Street address correction <input type="checkbox"/> New address <input type="checkbox"/> Annexation <input type="checkbox"/> Incorporation <input type="checkbox"/> Disincorporation <input type="checkbox"/> Reorganization <input type="checkbox"/> Other _____	
Does this change affect another local jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, enter affected jurisdiction _____	

OFFICIAL AUTHORIZATION			
Part A		Part B	
Initiating jurisdiction		Affected jurisdiction	
Name of authorizing official		Name of authorizing official ( <i>See Instructions - Step 4.</i> )	
Title		Title	
Telephone	Fax	Telephone	Fax
E-mail		E-mail	
I have reviewed the proposed jurisdiction changes for accuracy. I am an authorized representative of the Florida jurisdiction requesting these changes. I authorize the Department of Revenue to modify the address/jurisdiction database to reflect these changes.		I have reviewed the proposed jurisdiction changes for accuracy. I am an authorized representative of the Florida jurisdiction affected by these changes. I authorize the Department of Revenue to modify the address/jurisdiction database to reflect these changes.	
Signature _____		Signature _____	
Date _____		Date _____	

<b>Part C. Complete this part only if you are unable to obtain the written consent of the affected jurisdiction.</b>	
Affected jurisdiction	Name of authorizing official contacted
Method of contact (✓ check all that apply) <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Other	
I have contacted the authorizing official named above and have been unable to obtain a signature in Part B.	
Signature of authorized representative of initiating jurisdiction _____	

<b>FOR DOR USE ONLY</b>		
Date Received _____	Worked By _____	Action _____

## Instructions for Completing Form DR-700022

### Who must use this form?

Local governing authorities must use Form DR-700022 to notify the Department of Revenue (DOR) of local government jurisdiction changes. Each jurisdiction must furnish the Department with all the information necessary to update the Address/Jurisdiction Database. Special fire control districts must use Form DR-350907 to submit jurisdiction changes, and cannot use Form DR-700022.

**Note:** All jurisdiction change requests must be submitted using the Department of Revenue's Internet site at <https://pointmatch.state.fl.us>. Competent evidence for the jurisdiction change must be submitted with this form. Competent evidence to support a change to the Address/Jurisdiction Database is documentation establishing that the addresses affected by the requested change or addition are located in the local taxing jurisdiction indicated on the request. Local taxing jurisdictions that do not have access to computers with Internet access should contact the Department to request authorization to submit changes through alternative electronic media.

### How to submit jurisdiction changes?

**Step 1. Set up online access.** The fastest and easiest way to submit jurisdiction changes is online at <https://pointmatch.state.fl.us>. Register and create your profile for review and approval.

**Step 2. Submit changes online.** There are two ways to submit jurisdiction changes: 1) upload your database of addresses; or 2) download your jurisdiction's addresses from the Department's database and after reviewing and correcting the addresses, upload the corrected file back into the system. The changes will be processed and compared to existing addresses in the database to produce a project for the jurisdiction with individual cases created by the type of change. If your city is participating in the local insurance premium tax for the firefighters' pension fund, the appropriate fire district information will be added to addresses systematically. When the project is successfully submitted, you will receive notification from the Local Government Unit of its status. If the project is approved for release, all affected jurisdictions will be notified to review and approve the updates.

**Step 3. Complete Form DR-700022.** Enter the name of the jurisdiction initiating the change, the county, and the effective date of the change. Changes must be provided 120 days prior to the effective date indicated. Enter the project and case number you received online. These are assigned by the Department's address database once change records are submitted. Check the box that corresponds to the type of jurisdiction change and indicate whether the change affects another local jurisdiction. If the answer is "yes," enter the name of the jurisdiction in the space provided.

**Step 4. Obtain authorization.** If the change affects only your jurisdiction, complete Part A of the Official Authorization section. If the change affects another jurisdiction, complete Parts A and B. To facilitate processing of changes, the local jurisdiction requesting the change should attempt to obtain the written consent of the affected jurisdiction (signature in Part B). The name of the authorizing official should be the Address/Jurisdiction Database contact person for that jurisdiction. Local governments can access a list of contact persons on the database site at <https://pointmatch.state.fl.us>. For a list of local insurance premium tax contacts, go to [www.myflorida.com/dor/taxes/ipt\\_contacts.pdf](http://www.myflorida.com/dor/taxes/ipt_contacts.pdf). All others should call the Department's Local Government Unit at 850-717-6630 for this information. Complete Part C only if you have attempted to obtain the signature of the authorizing official and have been unable to do so.

**Step 5. Attach competent evidence to this form.** Mark each piece of evidence with the online case number. Some examples of competent evidence are:

- Ordinance
- Annexation approval
- Permit(s)

For online submissions, GIS-data files are also considered competent evidence.

**Step 6. Submit Form DR-700022 (with competent evidence) to DOR.**

Submit your completed information and all competent evidence online at <https://pointmatch.state.fl.us> or by e-mail, fax or mail to the Florida Department of Revenue's Local Government Unit at:

**Email:** [local-govt-unit@dor.state.fl.us](mailto:local-govt-unit@dor.state.fl.us)

**Fax:** 850-921-4711

**Mail to:** Florida Department of Revenue  
Local Government Unit  
PO Box 6530  
Tallahassee, FL 32314-6530

For more information, call the Department's Local Government Unit at 850-717-6630 or e-mail to:

[local-govt-unit@dor.state.fl.us](mailto:local-govt-unit@dor.state.fl.us)