



Local Government Authorization For Omission of Address or Incorrect Address Identification

DR-700027
R. 10/13
Rule 12A-19.100
Florida Administrative Code
Effective 01/14

Refer to attached Form DR-700025 before completing this form.

Service Address Not Listed in Electronic Database (Form DR-700025, Part C, Reason 2)		
Jurisdiction where address should be added		Name of authorizing official (contact person)
Telephone	Fax	E-mail
<input type="checkbox"/> I agree that the address(s) should be added to the Address/Jurisdiction Database in the proposed jurisdiction.		
<input type="checkbox"/> I disagree that the address(s) should be added to the Address/Jurisdiction Database in the proposed jurisdiction. I believe the address may be part of _____ and suggest you contact that jurisdiction.		
I am an authorized representative of the jurisdiction.		
Signature _____ Date _____		

Incorrect Information about Service Address(s) (Form DR-700025, Part C, Reason 3)		
Jurisdiction where address is now assigned		Name of authorizing official (contact person)
Telephone	Fax	E-mail
<input type="checkbox"/> I agree that the information contained in the database is incorrect and authorize the Department of Revenue to modify the database.		
<input type="checkbox"/> I disagree that the information contained in the database is incorrect and do not authorize the Department of Revenue to modify the database.		
I am an authorized representative of the jurisdiction.		
Signature _____ Date _____		

INSTRUCTIONS

Only the official database contact person may sign as the authorized representative of the jurisdiction. For a list of official database contact persons, go to: <https://pointmatch.state.fl.us>. For a list of the local insurance premium tax contacts, go to www.myflorida.com/dor/taxes/ipt_contacts.pdf.

Use the top portion of the form to agree or disagree with an address that is not included in the database.

Use the bottom portion of the form for incorrect information about an address.

Review the address(s) described on Form DR-700025, Part B.

Sign, date, and return this form to the Department of Revenue. Do not send the form to the proposed or assigned jurisdiction.

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

For overnight or other delivery requiring a street address, use:
Florida Department of Revenue
Local Government Unit
Mail Stop 1-4400
5050 W Tennessee St
Tallahassee, FL 32399-0161

Or Fax to: 850-921-4711

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.

FOR DOR USE ONLY	
Tracking number _____	Date _____