



**Local Government Authorization For
Address Changes Described on Form DR-700025**

DR-700026
R. 10/13
Rule 12A-19.100
Florida Administrative Code
Effective 01/14

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

Consent for Assigned Jurisdiction	
Jurisdiction where address is now assigned	
Name of authorizing official (contact person)	
Telephone	Fax
E-mail	
<input type="checkbox"/> I agree that the address(s) described on Form DR-700025 should be assigned to the proposed jurisdiction and authorize the DOR to change the Address/Jurisdiction Database. <input type="checkbox"/> I disagree that the address(s) described on Form DR-700025 should be assigned to the proposed jurisdiction and do not authorize the change. <input type="checkbox"/> I partially agree that the address(s) described on Form DR-700025 should be assigned to the proposed jurisdiction and authorize the DOR to change the database for the address(s) described below. (Describe the address(s) you agree should be changed to the proposed jurisdiction. Attach additional pages if needed.)	
I am an authorized representative of the jurisdiction.	
Signature _____	
Date _____	

Consent for Proposed Jurisdiction	
Proposed jurisdiction where address should be assigned	
Name of authorizing official (contact person)	
Telephone	Fax
E-mail	
<input type="checkbox"/> I agree that the address(s) described on Form DR-700025 should be assigned to the proposed jurisdiction and authorize the DOR to change the Address/Jurisdiction Database. <input type="checkbox"/> I disagree that the address(s) described on Form DR-700025 should be assigned to the proposed jurisdiction and do not authorize the change. <input type="checkbox"/> I partially agree that the address(s) described on Form DR-700025 should be assigned to the proposed jurisdiction and authorize the DOR to change the database for address(s) described below. (Describe the address(s) you agree should be changed to the proposed jurisdiction. Attach additional pages if needed.)	
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.

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

Use the left portion of the form (Consent for Assigned Jurisdiction), if you are the contact person for the jurisdiction where the address(s) is now assigned. Use the right portion of the form (Consent for Proposed Jurisdiction), if you

are the contact person for the proposed jurisdiction where the address(s) should be assigned. Check the appropriate box indicating your agreement, disagreement, or partial agreement with the reason for the objection indicated in Part C of Form DR-700025. For partial agreements, describe the parts of the address(s) you agree with. Attach additional sheets if necessary.

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 _____