

**RANDY MAZOUREK**  
**HERNANDO COUNTY PROPERTY APPRAISER**  
**PHONE: (352) 754-4190**  
**WEBSITE: [www.hernandopa-fl.us](http://www.hernandopa-fl.us)**

◆ **BROOKSVILLE OFFICE** ◆  
201 Howell Avenue, Suite 300  
Brooksville, FL 34601-2042

Fax Numbers:

Administration (352) 754-4198  
Real Property/Tangible (352) 754-4198  
Exemptions/Central GIS (352) 754-4194



*"To Serve & Assess With Fairness"*

◆ **WESTSIDE OFFICE** ◆  
7525 Forest Oaks Blvd.  
Spring Hill, FL 34606-2400  
Fax Numbers:  
Addressing (352) 688-5060  
Exemptions (352) 688-5088

Key# \_\_\_\_\_

Tax Roll Year: \_\_\_\_\_

Dear Property Owner:

**Florida Statute 196.24 reads in part...**

**“any ex-service member, who is a bona fide resident of the state, who was discharged under honorable conditions, and who has been disabled to a degree of 10 percent or more while serving during a period of wartime service is entitled to the exemption from taxation on property to the value of \$5,000”**

If you are a disabled veteran or the surviving spouse of a disabled veteran, you may be eligible for a \$5,000 Disabled Veteran's Exemption. In order to receive the exemption for the upcoming Tax Year, you must provide a letter from the United States Department of Veteran's Affairs indicating your percent of disability. The letter required is Letter #27-125 and may be obtained by contacting the Veterans Administration at (800) 827-1000.

If you are currently receiving a Homestead exemption, please complete the required information on the bottom of this form including your signature and the date. Attach and mail your VA Disability letter and a copy of the front and back of your Driver's License to one of our offices listed above **prior to March 1** of the year filing. Information submitted after March 1 will be considered for the following Tax Year.

Thank you,

A handwritten signature in black ink, appearing to read 'Manuel J. Padrón', with a stylized flourish at the end.

Manuel J. Padrón, MSM, CFE  
Chief Deputy

I am a disabled veteran who is entitled to a \$5,000 Disability Exemption or the Surviving Spouse of a disabled veteran under Section 196.24, Florida Statutes and I am a permanent resident of Florida.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_