

MILITARY PERSONNEL GRANT APPLICATION

Name :

Address:

Phone Number:

Tax Parcel I.D. No. (if applicable):

Branch of Military Service (Circle One): Army Navy Air Force Marine Corps Coast Guard
National Guard Army Reserve Navy Reserve Air Force Reserve Marine Corps Reserve

Name of Military Conflict:

Dates of Service: Month/Day/Year ___/___/___ Thru Month/Day/Year ___/___/___

Signature of Applicant

Date

NOTE: The application must be accompanied by: 1) a copy of the tax bill for the above-referenced parcel for refund payment of Leon County Ad Valorem property taxes, if applicable; 2) appropriate documentation that clearly defines the period of service; e.g., copy of the DD Form 214 or equivalent document, copy of official orders specifying actual dates of service, copy of paid travel pay vouchers with attached orders, or a letter from the respective unit commander or personnel office stating the active duty period; and 3) a copy of the legal vehicle authorizing a specified agent to act on behalf of the service member, if applicable.

SUBMIT APPLICATION TO:

Leon County Veteran Services Division
918 Railroad Avenue
Tallahassee, Florida 32310
Questions may be directed to (850) 606-1940

STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument was acknowledged before me this ___ day of _____, 20___,
by _____ who is personally known to me or who has produced
_____ as identification, and who did take an oath.

(print name) NOTARY PUBLIC

SEAL

My Commission expires: