



# APPLICATION FOR REFUND OF AD VALOREM TAXES

DR-462  
R. 08/25  
Rule 12D-16.002, F.A.C.  
Effective 08/25

Section 197.182, Florida Statutes

## COMPLETED BY APPLICANT

Applicant name		County	Date
I am applying for a refund of \$_____		Mailing address	
For the tax year(s) 20____, 20____, 20____, 20____			
Describe the reason for the refund. Attach any documents that support your request for a refund.			
I declare that I have read this application and that the facts stated in it are true to the best of my knowledge and belief. If prepared by someone other than the taxpayer, the declaration is based on all information the preparer knows.			
Signature, applicant		Date	



**Applicant:** File this form and supporting documents with your **County Tax Collector**.

## COMPLETED BY TAX COLLECTOR

<input type="checkbox"/> Approved	Parcel ID	Date received
<input type="checkbox"/> Denied	Page and number	Check #
<input type="checkbox"/> Submitted to the Department of Revenue Recommendation: <input type="checkbox"/> Order <input type="checkbox"/> Deny Explanation:		
Signature _____ Title _____ Date _____		

### Tax Collector Instructions

Review the applicant section of the form and attachments provided. Fill in the information, complete the checkboxes, provide an explanation, and sign in the section labeled "Completed by Tax Collector."

If the claim is \$2,500 or more, check the box "Submitted to the Department of Revenue," select the recommendation and provide an explanation. The tax collector must electronically submit the completed form and supporting documentation to Property Tax Oversight through the Oversight and Assistance System (OASYS) electronic portal using the Refunds and Certificates System (RACS) at the following web address: <http://ptportal.floridarevenue.com>.

Supporting documentation includes:

1. A copy of the paid tax receipt for each tax year requested
2. Certificate of correction to the tax roll signed and dated by the property appraiser
3. Other supporting documents