



LAKE COUNTY
FLORIDA

LAKE COUNTY
ACTIVE MILITARY COMBAT DUTY REIMBURSEMENT
PROGRAM APPLICATION

Name: First _____ MI _____ Last _____

Property Address: _____ City _____ Zip Code _____

Mailing Address: (if different from above) _____

City: _____ State _____ Zip Code _____

Phone number: _____ Alternate Key No: _____

Branch of Military Service: _____

Dates of Combat Duty: month/day/year _____ thru month/day/year _____

This application must be accompanied by the following documents:

1. Copy of an official document which reflects combat service, leave and earning statement indicating receipt of combat pay, or document from unit commander or personnel officer attesting to combat duty).
2. Copy of ad valorem property tax statement with proof of payment For the qualifying year.

Submit applications in person to:

Lake County Veterans Services
1300 Duncan Drive Bldg. B Room 3
Tavares Fl. 32778

I certify that I own and I am responsible for payment of the ad valorem tax for the property listed above.

Signature of Applicant _____ Date _____

Application approved: Yes _____ No _____

Signature of Department Director _____ Date _____