

**State Benefit Letter Request Form**

To: Florida Department of Veteran Affairs  
PO Box 31003  
St. Petersburg, FL 33731

**Subject:               REQUEST STATE BENEFIT LETTER**

- Civil Service Employment Preference Letter
- Florida Homestead Exemption Letter **(VAFL 27-125)**
- Florida Homestead Letter for Permanent & Total Veteran **(VAFL 27-333)**
- Florida Disabled Veteran License Plate **(VAFL 27-323)**
- Widows Homestead Exemption Letter
- Commissary Privilege Letter **(Military Non-Retiree)**
- Florida Amendment 7: Combat Related Disability Age 65 tax exemption letter

For information on Occupational License go to:  
<http://www.myfloridalicense.com/dbpr/dbprmilitary.html>

Veteran /Claimant Name: \_\_\_\_\_

Claim Number / Social Security: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Street

City

State

Zip

\_\_\_\_\_  
Signature