

Combat Letter Request Form

To: Florida Department of Veteran Affairs
9500 Bay Pines Blvd Rm: 214
St. Petersburg, FL 33744

By signing this form I am formally requesting a Combat Letter for the property tax exemption that I qualify for per my service connected disability.

Veteran Name: _____

Claim Number/ Social Security Number: _____

Phone Number: _____

Address: _____
Street City State Zip

Signature