

**State Benefit Letter Request Form**

**To:** Florida Department of Veteran Affairs  
Division of Benefits and  
Assistance 9500 Bay Pines Blvd,  
Rm 214 Bay Pines, FL 33744

**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