Administrative 727/595-2517

Library 727/596-1822

Public Works 727/595-6889

"Affidavit of Exemption"

State of FLORIDA County PINELLAS	
1.	I am over the age of 18 and competent to make this Affidavit.
2.	I own the following real property in the City of Indian Rocks Beach, Pinellas County, State of Florida: (Legal description and Street Address)
3.	Check as applicable: () I currently occupy the property described in paragraph 2 above and have resided on this property continuously and uninterruptedly from (date) to the date of this Affidavit. and
	() I have applied for and received the homestead tax exemption as to the above described property, that is the tax identification parcel number of this property, and that the undersigned has resided on this property continuously and uninterruptedly from (date) to the date of this Affidavit.
4.	The purpose of this Affidavit is to qualify for exemption from the City of Indian Rocks Beach Vacation Rental Ordinance.
Sta	ate of FLORIDA
Coi	unty of
Sw	orn to (or affirmed) and subscribed before me by means of
□ ] a	physical presence or $\square$ online notarization, this day of 20 by and who $\square$ is personally known to me or who $\square$ produced as identification
SE	AL: (notary signature)

(print name of notary)