



AKIN AKINYEMI, R.A.
LEON COUNTY PROPERTY APPRAISER

"We VALUE our community"

Mailing Address

P.O. Box 1750, Tallahassee, FL 32302-1750

PARCEL CUTOUT REQUEST

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SUBMITTING REQUEST:

- By accepting this Request, the Leon County Property Appraiser's Office ("LCPA") makes no representation or guarantee that the property owner is permitted to separate parcels under the terms of any mortgage, or otherwise. The property owner should check with any lenders or mortgagors regarding whether a parcel separation is appropriate. Further, it may be advisable for the property owner(s) to apprise any lenders or mortgagors or escrow agents of the filing of this Request.
- The affected properties to be separated must be in the same taxing jurisdiction (i.e., both are located within the City's boundaries).
- By accepting this request, LCPA makes no representation or guarantee regarding the property owner(s)'s ability to build on or develop the property in the future. Such determinations are made by the Growth Management Departments of municipal government (i.e., Leon County, City of Tallahassee, etc.). Further, LCPA is not responsible or liable for any loss of development rights that occur as a result of accepting this Request.
- LCPA makes no representations or guarantees regarding whether the property owner may be adversely affected by filing this Request. It is recommended that the property owner seek the advice of legal counsel to determine whether adverse consequences may occur. Nothing in this Form is meant to provide legal advice to the property owner(s) submitting this Request.
- **The property owner(s) is/are responsible for ensuring proper legal division of the affected property(ies).** LCPA undertakes no responsibility for ensuring proper legal division of the property(ies) or surveying the affected parcels by this request.

CUTOUTS

EXISTING PARCEL NUMBERS TO BE DIVIDED:

NEW PARCEL NUMBER(S) CREATED:

DOCUMENT THIS DIVISION IS BASED UPON:

DEED(S) _____ SUBDIVISION PLAT _____ APPROVAL OF GROWTH MANAGEMENT _____

PROPERTY OWNER(S) CONSENT AND REPRESENTATIONS

I/we hereby authorize and request the above outlined changes to my/our property tax record effective for the _____ tax year. I/we acknowledge that I/we have read the above statements regarding LCPA's role in accepting this request and LCPA's disclaimer regarding the effect of this request. I/we further understand that **under Florida Statute 197.192**; no land shall be divided or subdivided and no drawing or plat of the division or subdivision of any land, or declaration of condominium of such land, shall be filed or recorded in the public records of any court until **all taxes have been paid** on the land.

Owner #1 (Printed Name)

Owner #1 Signature

Phone #

Date

Owner #2 (Printed Name)

Owner 2 Signature

Phone #

Date

EMAIL ADDRESS (optional) _____

Note: Copies of the executed Request form may be provided to the Growth Management Departments of the City of Tallahassee and Leon County.



(850) 606-6200



admin@leonpa.org



www.leonpa.org

Find us on

