



FLAGLER COUNTY ACTIVE MILITARY COMBAT DUTY GRANT PROGRAM APPLICATION

Name: _____

Address: _____

Parcel Identification No.: _____

Branch of Military Service (circle one)

Air Force Army Coast Guard Navy Marine Corps A.F. Reserve
Army Reserve National Guard Navy Reserve Marine Corps Reserve

Rank _____ Current Unit _____

Combat Zone and dates: _____

NOTE: This application must be accompanied by:

1. Copy of document verifying dates of combat pay awarded;
2. Verification of property taxes paid (which do not include taxes associated with the Flagler County School Board, the St. Johns Water Management District, nor ad valorem taxes levied by any government entity separate from BOCC) for the calendar year of combat duty claimed;
3. Proof of Homestead Exemption;
4. Copy of the legal document authorizing a specific agent to act on behalf of the service member/veteran.

SUBMIT APPLICATION IN PERSON TO: Veterans Service Office
1769 E Moody Blvd, Ste 108
Bunnell, FL 32110
(386) 313-4014

"I certify that I own and reside in the property which I am claiming this tax grant on. If this is not true, please explain the circumstances on an attached page."

Signature of Applicant

Date

SSN