



**FY 2015 FIRE PROTECTION ASSESSMENT PETITION**

**CITY OF CAPE CORAL  
FINANCIAL SERVICES DEPARTMENT  
P.O. BOX 150006  
CAPE CORAL, FL 33915-0006**

**PLEASE PRINT:**

PROPERTY OWNER(S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ADDRESS OF AFFECTED TAX PARCEL (if different from above): \_\_\_\_\_

TAX PARCEL NUMBER: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

City Resolution No. 52-14 established a process by which the owners of Tax Parcels subject to Tier 2 of the City's annual Fire Protection Assessment may submit a written petition requesting an adjustment to the number of Tier 2 EBU's attributed to the affected Tax Parcel and therefore a reduction in the proposed or adopted Fire Protection Assessment imposed against such parcel. The following items are required for City Staff to evaluate your Fire Protection Assessment petition:

- This form filled out in its entirety, signed by all property owners listed on the deed and **hand delivered or postmarked by 9/24/14.**
- An appraisal for the Tax Parcel as to its market value prepared within thirty (30) days of the petition by a real estate appraiser licensed or certified under Chapter 475, Part II, Florida Statutes. The appraisal must be attached to this petition and must describe (1) the replacement value of all improvements to the Tax Parcel, and (2) land value (if any).
- A brief description of the grounds supporting the request for adjustment of the number of Tier 2 EBU's attributed to the Tax Parcel by the City (attach additional pages if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- List and attach any additional documentation supporting the request for an adjustment: \_\_\_\_\_

\_\_\_\_\_

By executing and submitting this petition, the undersigned property owner hereby acknowledges and confirms that:

(1) Any adjustment to the number of EBUs attributed to the Tax Parcel as a result of this petition shall have no impact or bearing upon the value attributed to such Tax Parcel by the Property Appraiser for purposes of ad valorem taxation; and (2) Final determinations made by the City on petitions which are approved shall be binding for no more than two (2) consecutive Fiscal Years unless changed material circumstances occur which would affect the subject parcel and warrant a re-evaluation by the City of the Fire Protection Assessment imposed or not imposed on the parcel.

The information set forth in this petition and supporting attachments is true and accurate. I understand the failure to submit the required supporting documents will result in a denial of my petition for an adjustment.

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true and that all additional information submitted by me in connection with my adjustment for the Fire Protection Assessment are true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Printed Name

\_\_\_\_\_  
Property Owner Printed Name

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Property Owner Signature

**STATE OF FLORIDA  
COUNTY OF LEE**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_, who is personally known to me or has produced, \_\_\_\_\_,

(type) of photo identification).

\_\_\_\_\_  
Signature (Notary)

\_\_\_\_\_  
Printed (Notary)

Commission Number \_\_\_\_\_

Petition may be mailed with all supporting documentation to:

**CITY OF CAPE CORAL  
FINANCIAL SERVICES DEPARTMENT  
CBS: ASSESSMENT COORDINATOR  
P.O. BOX 150006  
CAPE CORAL, FL 33915-0006**

THIS DOCUMENTATION MAY BE CONSIDERED A PUBLIC RECORD, OPEN FOR PUBLIC INSPECTION.

PETITION APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

ORIGINAL NUMBER OF TIER 2 EBUS ATTRIBUTED TO TAX PARCEL BY CITY: \_\_\_\_\_

NUMBER OF TIER 2 EBUS ATTRIBUTED TO TAX PARCEL AFTER CONSIDERING PETITION: \_\_\_\_\_

GROUNDS FOR APPROVING/DISAPPROVING PETITION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_