



STATE OF FLORIDA  
**LEE COUNTY PROPERTY APPRAISER**  
 KENNETH M. WILKINSON, C.F.A.



**Mailing Address:**  
 P.O. Box 1546  
 Fort Myers, Florida 33902-1546

**Physical Address:**  
 2480 Thompson Street  
 Fort Myers, Florida 33901-3074

**Telephone:** (239) 533-6100 -- (866) 673-2868 (From anywhere in continental US/Canada/Florida except 239 area code)  
**Facsimile:** (239) 533-6160 -- **Website:** [www.leepa.org](http://www.leepa.org)

**Application for Save Our Homes Benefit on Parcel Contiguous to Homestead Property**

Homestead Parcel ID \_\_\_\_\_ FolioID \_\_\_\_\_

Address \_\_\_\_\_

Year Homestead Granted \_\_\_\_\_

The parcel(s) contiguous / adjacent to the homestead parcel is identified as follows:

Parcel ID \_\_\_\_\_ FolioID \_\_\_\_\_

Address \_\_\_\_\_

Parcel ID \_\_\_\_\_ FolioID \_\_\_\_\_

Address \_\_\_\_\_

I request that the parcel(s) described above be considered as homestead property, and eligible to receive the benefit of the Save Our Homes assessment cap limitation. I affirm that the parcel is used in conjunction with, and for the enjoyment of my homestead and I understand that if the use of the parcel changes, I am required to notify the Property Appraiser's office.

I understand that under section 196.131(2), Florida Statutes, any person who knowingly and willfully gives false information to claim homestead exemption is guilty of a misdemeanor of the first degree, punishable by imprisonment up to 1 year, a fine up to \$5,000 or both.

I certify all information on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature, Applicant

\_\_\_\_\_  
 Signature, Co-applicant

\_\_\_\_\_  
 Printed name, Applicant

\_\_\_\_\_  
 Printed name, Co-applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone