

Certificate Holder Information:

Name and address as it reads on your Certificate(s):
(PLEASE VERIFY & MAKE CHANGES)

Contact person(s):

Name, address, telephone Number, **AND** Email Address:

Name & address:
Telephone number:
Email address:

Please only provide a contact person that is able to make vesting decisions on behalf of your certificates. As provided by Florida Statutes 197.502, we are to meet very strict guidelines if a certificate(s) is to be rescheduled. We need to be in contact with you as soon as possible.

This form is available on our website for your convenience to complete and submit to our office electronically. Return completed application via email to taxdeeds@flaglerclerk.com.

Thank you,

Flagler County Clerk of the Circuit Court
Tax Deed Department