TAX ROLL CERTIFICATION

I, _______ Charles E. Hackney ________, Property Appraiser of _______ Manatee ________ County certify that:

The real property tax roll of this county and that of the taxing authorities therein, included in these recapitulations, complies with all statutory and regulatory requirements and reflects all the following:

a. A brief description of the property for purposes of location.
b. The just value (using the factors in section 193.011, F.S.) of all property.
c. When property is wholly or partially exempt, a categorization of such exemptions (i.e., identification by category).
d. When property is classified so it is assessed other than under s. 193.011, F.S., the value according to its classified use and its value as assessed under s. 193.011, F.S.
e. Other data as required by s.193.114, F.S., and s.193.1142, F.S., in the form and format required by the Department of Revenue.

The personal property tax roll of this county and that of the taxing authorities therein, included in these recapitulations, complies with all statutory and regulatory requirements and reflects all the following:

a. A code reference to the tax returns showing the property.
b. The just value (using the factors in s.193.011, F.S.) for all property.
c. When property is wholly or partially exempt, a categorization of exemptions identified by category.
d. Other data as required by s.193.114, F.S., and s.193.1142, F.S., in the form and format required by the Department of Revenue.

Submit this form to the Department of Revenue by July 1. (s. 193.1142(1), F.S.)

__________________________
Signature, Property Appraiser

6/26/2017
Date

FLORIDA DEPARTMENT OF REVENUE

The Tax Roll Certification submitted by you for the 2017 Tax Roll for _______ Manatee ________ County, Florida and that of the taxing authorities therein, included in these recapitulations, containing total assessment valuation of all properties as required by Florida Statutes and Department of Revenue Rules and Regulations in said county is approved, subject to conditions in the attached letter, if any.

__________________________
Signature for Department of Revenue

__________________________
Date