



NOTICE TO:

CHARLES W. THOMAS, CFC
PINELLAS COUNTY TAX COLLECTOR

REQUEST FOR CANCELLATION OF TAX CERTIFICATE

Tax Certificate Information:

Year of Issuance: _____ Certificate number: _____

Parcel Number: _____

Certificate Holder Information:

Bidder Number

TIN/SSN Number of Certificate Holder

Name that appears on tax certificate

I am the holder of the tax certificate described above and request the certificate be canceled. I understand that no refund shall be made or is expected.

Print Name of Certificate Holder or Agent

Date

Signature of Certificate Holder or Agent