OCPA MEMORANDUM FOR RECORD *("MFR")*

ATTN: Okaloosa County Property Appraiser's Office

RE: **Florida Statute 196.173**

*Exemption for Deployed Service members who **are receiving Homestead Exemption** and were deployed outside the continental U.S., Hawaii or Alaska in the preceding year.*

RETURN TO:
Okaloosa County Property Appraiser
ATTN: Jennifer Chambers, CFE
302 N Wilson Street, Suite 201
Crestview, FL 32536
P: (850) 689-5900 / Fax: (850) 689-5906
Email: ***jchambers@okaloosapa.com***

For your convenience, this OCPA MFR can be used as proof of the deployment operation name. In addition to this MFR, a completed DR501M (Deployed application), orders and the FINAL travel voucher must also be provided. Failure to provide all required documents could result in the denial of the deployed exemption.

If there were multiple deployments during the year, please use a separate MFR for each deployment.

Please note, this form MUST be signed by either your commanding officer, UDM or another authorized military member. It CANNOT be signed by you.

---

1. **Service Member's Name:** _____

2. **Deployment Dates –** Please enter the EXACT days you departed the US and returned stateside.
   NOTE: If you are stationed overseas, please indicate the dates you departed YOUR current duty station.
   - **Departed continental US, Alaska or Hawaii on** _____ / _____ / 20 _____
   - **Returned to continental US, Alaska or Hawaii on** _____ / _____ / 20 _____

3. **Operation Verification**
   Please select **ONE** option below and then complete the required information for your selection.

➢ ☐ **This deployment was IN SUPPORT OF the approved OPERATION(s) marked below:**

☐ Resolute Support	☐ Inherent Resolve	☐ Freedom's Sentinel	☐ Joint Task Force Bravo
☐ Spartan Shield	☐ Atlantic Resolve	☐ Noble Eagle	☐ US Airstrikes Al Queda in Somalia
☐ Observant Compass	☐ Nomad Shadow	☐ Copper Dune	☐ Georgia Deployment Program
☐ Odyssey Dawn	☐ Joint Guardian	☐ New Dawn	☐ Operations in the Balkans

➢ ☐ **This deployment was NOT in direct support but WAS considered a subordinate operation to OPERATION** _____
(Enter name of approved operation from the list of approved operations shown above).

By signing below, I confirm that I am legally authorized by the military to verify deployment information for the above named service member. Additionally, I declare that I have completed the foregoing Memorandum for Record and the facts in it are true.

_____ _____ _____
Signature of Authorized Military Member (NOT applicant/owner) ***Date*** ***Phone Number***

_____ _____ _____
Printed Name ***Rank/ Title*** ***Email address (optional)***

***WARNING**: Section 196.131(2), Florida Statues states that any person who knowingly gives false information for the purpose of claiming an exemption is guilty of a first-degree misdemeanor, punishable by imprisonment up to 1 year, a fine of up to $5,000 or both.*