

Record/Return to:  
City Clerk's Office  
City of Tavares  
201 E. Main Street  
Tavares, FL 32778



**CITY OF TAVARES**

**201 E. MAIN STREET, TAVARES, FL 32778**

**AFFIDAVIT OF AMENDMENT OF DOMESTIC PARTNERSHIP – DEPENDENT CHANGE**

**City of Tavares Ordinance 2013-01**

**Instructions:**

Complete and submit this form (**notarization is required**) to the City Clerk's Office. A filing fee of \$20.00 plus recording costs in the amount of \$10.00 is required and must be remitted at the time of application. Make check payable to the City of Tavares. The Affidavit of Amendment of Domestic Partnership becomes effective on the date of the recording of this form. Please contact the City Clerk's office at (352) 742-6209 with any questions.

**Do you or your domestic partner claim any exemption to public record disclosure pursuant to Section 119 Florida Statutes?** ☐ Yes ☐ No If "yes," submit a detailed explanation of exemption (may use separate page if needed).

**Adding or Deleting Dependents:**

List the name(s) of dependent(s) that reside(s) within the household of the Registered Domestic Partnership and is (are):

1. A biological, adopted, or foster child of the a Registered Domestic Partner; or
2. A dependent as defined under IRS regulations; or
3. A ward of a Registered Domestic Partner as determined in a guardianship or other legal proceeding.

☐ Add ☐ Delete \_\_\_\_\_

☐ Add ☐ Delete \_\_\_\_\_

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Tavares, Lake County, Florida.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Print Name)

**State of Florida**

**County of \_\_\_\_\_**

**Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is personally known \_\_\_\_\_ or produced identification\_\_\_\_\_.**

\_\_\_\_\_  
(Signature of Notary)