



Ann Harris Bennett

Tax Assessor-Collector & Voter Registrar
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REQUEST TO DROP EXEMPT DEPUTY

(PRINT LEGIBLY OR TYPE)

E/#: _____ E/Name: _____
(Name)

Drop Deputy: _____
(Full Name)

Correction in Deputy's Name: _____

Date of Drop or Correction: _____

submitted by: _____ Date: _____

For Official Use Only

	E Number
	Database Entry
	Other: _____

Exempt Drop Request