



**DECISION OF THE VALUE ADJUSTMENT BOARD
CATASTROPHIC EVENT TAX REFUND**
Section 197.319, Florida Statutes

DR-485C
R. 11/23
Rule 12D-16.002,
F.A.C.
Eff. 11/23

_____ County

The actions below were taken on your petition.

These actions are a recommendation only, not final These actions are a final decision of the VAB

If you are not satisfied after you are notified of the final decision of the Value Adjustment Board (VAB), you have the right to file a lawsuit in circuit court to further contest your assessment. (See sections 193.155(8)(l), 194.036, 194.171(2), 194.181, and 196.151, Florida Statutes.)

Petition # _____	Parcel ID _____
Petitioner name _____ The petitioner is: <input type="checkbox"/> taxpayer of record <input type="checkbox"/> taxpayer's representative <input type="checkbox"/> other, explain: _____	Property address _____

Decision Summary <input type="checkbox"/> Denied your petition <input type="checkbox"/> Granted your petition <input type="checkbox"/> Granted your petition in part			
Just value of the residential parcel as of January 1 of the year the catastrophic event occurred. \$ _____	Filed by applicant	Property appraiser determined	VAB determined
1. Number of days residential property was uninhabitable			
2. Postcatastrophic just value			
3. Percentage change in value			

Reasons for Decision	Fill-in fields will expand, or add pages as needed.
Findings of Fact	
Conclusions of Law	

Recommended Decision of Special Magistrate Findings and conclusions above are recommendations.

Signature, special magistrate _____	Print name _____	Date _____
Signature, clerk or special representative, VAB _____	Print name _____	Date _____

If this is a recommended decision, the board will consider the recommended decision on _____ at _____
Address _____

If the line above is blank, the board does not yet know the date, time, and place when the recommended decision will be considered. To find the information, please call _____ or visit website _____.

Final Decision of the Value Adjustment Board

Signature, chair, VAB _____	Print name _____	Date of decision _____
Signature, clerk or representative, VAB _____	Print name _____	Date mailed to parties _____