 **DECISION OF THE VALUE ADJUSTMENT BOARD**

DR-485V

R. 11/23

Rule 12D-16.002

F.A.C.

Eff.11/23

 VALUE PETITION

       \_\_\_\_\_\_\_ County

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| 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 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, 196.151, and 197.2425, Florida Statutes.) |
| Petition #       | Parcel ID       |
| Petitioner name      ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The petitioner is: [ ]  taxpayer of record [ ]  taxpayer’s representative [ ]  other, explain:       | Property address |       |

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| **Decision Summary** [ ]  Denied your petition [ ]  Granted your petition [ ]  Granted your petition in part |
| ValueLines 1 and 4 must be completed | Value from TRIM Notice | Before Board ActionValue presented by property appraiserRule 12D-9.025(10), F.A.C. | After Board Action |
| 1. Just value, required |       |       |       |
| 2. Assessed or classified use value,\* if applicable |       |       |       |
| 3. Exempt value,\* enter “0” if none |       |       |       |
| 4. Taxable value,\* required |       |       |       |
| \*All values entered should be county taxable values. School and other taxing authority values may differ. (Section 196.031(7), F.S.) |

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

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| [ ]  **Recommended Decision of Special Magistrate** Finding and conclusions above are recommendations. |
|  |  |       |  |       |
| Signature, special magistrate |  | Print name |  | Date |
|  |  |       |  |       |
| Signature, VAB clerk or special representative |  | 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 our website at      \_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| [ ]  **Final Decision of the Value Adjustment Board** |
|  |  |       |  |       |
| Signature, chair, value adjustment board |  | Print name |  | Date of decision |
|  |  |       |  |       |
| Signature, VAB clerk or representative |  | Print name |  | Date mailed to parties |