



**DECISION OF THE VALUE ADJUSTMENT BOARD
FOR ABATEMENT OF TAXES PETITION**
Section 197.318, Florida Statutes

DR-485H
Suggested Form
Revised 09/18

_____ 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 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), 196.151, and 197.2425, 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 hurricane occurred. \$ _____	Filed by applicant	Property appraiser determined	VAB determined
1. Number of days property was uninhabitable			
2. Postdisaster 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	

<input type="checkbox"/> 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 _____.		
<input type="checkbox"/> 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