



DECISION OF THE VALUE ADJUSTMENT BOARD
EXEMPTION, CLASSIFICATION, ASSESSMENT DIFFERENCE
TRANSFER, CHANGE OF OWNERSHIP OR CONTROL,
OR QUALIFYING IMPROVEMENT PETITION

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

The actions below were taken on your petition in _____ County.

☐ 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, and 196.151, and 197.2425, Florida Statutes.)

Petition # _____

Parcel ID _____

Petitioner name _____

Property
address _____

The petitioner is: ☐ taxpayer of record ☐ representative
☐ other, explain: _____

Decision Summary ☐ Denied your petition ☐ Granted your petition ☐ Granted your petition in part

Lines 1 and 4 must be completed	Value from TRIM Notice	Value before Board Action Value presented by property appraiser Rule 12D-9.025(10), F.A.C.	Value 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.)

Reason for Petition

- | | | | |
|--|--|---|---|
| ☐ Homestead | ☐ Widow/er | ☐ Blind | ☐ Totally and permanently disabled veteran |
| ☐ Low-income senior | ☐ Disabled | ☐ Disabled veteran | ☐ Use classification, specify _____ |
| ☐ Parent/grandparent assessment reduction | ☐ Deployed military | ☐ Use exemption, specify _____ | ☐ Qualifying improvement |
| ☐ Transfer of homestead assessment difference | | ☐ Other, specify _____ | |
| ☐ Change of ownership or control | | | |

Reasons for Decision

Fill-in fields will expand, or add pages as needed.

Findings of Fact _____

Conclusions of Law _____

☐ **Recommended Decision of Special Magistrate** The 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 _____ ☐ AM ☐ PM.
Address _____

If the line above is blank, 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 _____