



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

DR-485XC  
 R. xx/xx 01/17  
 Rule 12D-16.002  
 F.A.C.  
 Eff. xx/xx 01/17

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, 196.151, and 197.2425, Florida Statutes.)

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

**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 <small>Value presented by property appraiser Rule 12D-9.025(10), F.A.C.</small>	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**

<input type="checkbox"/> Homestead	<input type="checkbox"/> Widow/er	<input type="checkbox"/> Blind	<input type="checkbox"/> Totally and permanently disabled veteran
<input type="checkbox"/> Low-income senior	<input type="checkbox"/> Disabled	<input type="checkbox"/> Disabled veteran	<input type="checkbox"/> Use classification, specify _____
<input type="checkbox"/> Parent/grandparent assessment reduction	<input type="checkbox"/> Deployed military	<input type="checkbox"/> Use exemption, specify _____	<input type="checkbox"/> Qualifying improvement
<input type="checkbox"/> Transfer of homestead assessment difference		<input type="checkbox"/> Other, specify _____	
<input type="checkbox"/> 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 _____