 **DECISION OF THE VALUE ADJUSTMENT BOARD**

DR-485C

R. 11/23

 Rule 12D-16.002,

F.A.C.

Eff. 11/23

 **CATASTROPHIC EVENT TAX REFUND**

Section 197.319, Florida Statutes

       \_\_\_\_\_\_\_ 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 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: [ ]  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 |
| 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. Postcastastrophic just value |       |       |       |
| 3. Percentage change in value |       |       |       |

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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** 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 |