**DECISION OF THE VALUE ADJUSTMENT BOARD**

DR-485XC

R. 11/23

Rule 12D-16.002

F.A.C.

Eff. 11/23

 EXEMPTION, CLASSIFICATION, ASSESSMENT DIFFERENCE

TRANSFER, CHANGE OF OWNERSHIP OR CONTROL,

 OR QUALIFYING IMPROVEMENT PETITION

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| 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: [ ]  taxpayer of record [ ]  representative [ ]  other, explain:        | Property address |       |

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| **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 ActionValue presented by property appraiserRule 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      \_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Transfer of homestead assessment difference | [ ]  Qualifying improvement  |
| [ ]  Change of ownership or control | [ ]  Other, specify      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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**  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 |