 **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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |