 **DECISION OF THE VALUE ADJUSTMENT BOARD**

DR-485V

R. 11/23

Rule 12D-16.002

F.A.C.

Eff.11/23

VALUE PETITION

      \_\_\_\_\_\_\_ County

|  |  |  |  |
| --- | --- | --- | --- |
| 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 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  taxpayer’s representative  other, explain: | | Property address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Decision Summary**  Denied your petition  Granted your petition  Granted your petition in part | | | |
| Value  Lines 1 and 4 must be completed | Value from TRIM Notice | Before Board Action  Value presented by property appraiser  Rule 12D-9.025(10), F.A.C. | 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.) | | | |

|  |
| --- |
| **Reasons for Decision** Fill-in fields will expand, or add pages as needed. |
| Findings of Fact |
|  |
| Conclusions of Law |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Recommended Decision of Special Magistrate** 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      \_\_\_\_\_\_  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 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 |