 **DECISION OF THE VALUE ADJUSTMENT BOARD**

DR-5002

N. 07/23

Rule 12D-16.002

F.A.C.

Eff. 07/23

**HURRICANE IAN OR HURRICANE NICOLE TAX REFUND**

Sections 197.3181, Florida Statutes

      \_\_\_\_\_\_\_ 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 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, F.S.) | | | | | | |
| 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 disaster occurred. $\_\_\_\_\_\_ | Filed by applicant | | | Property appraiser determined | | VAB determined |
| 1. Number of days residential property was uninhabitable |  | | |  | |  |
| 2. Postdisaster 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 |