**DECISION OF THE VALUE ADJUSTMENT BOARD**

DR-485XC

R. 01/17

Rule 12D-16.002

F.A.C.

Eff. 01/17

EXEMPTION, CLASSIFICATION, ASSESSMENT DIFFERENCE

TRANSFER, CHANGE OF OWNERSHIP OR CONTROL,

OR QUALIFYING IMPROVEMENT PETITION

|  |  |  |  |
| --- | --- | --- | --- |
| 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), 196.151, and 197.2425, Florida Statutes.) | | | |
| Petition # | | Parcel ID | |
| Petitioner name  The petitioner is:  taxpayer of record  representative  other, explain: | | Property address |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Action  Value presented by property appraiser  Rule 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 |