



**DECISION OF THE VALUE ADJUSTMENT BOARD  
CATASTROPHIC EVENT TAX REFUND**  
Section 197.319, Florida Statutes

DR-485C  
R. 11/23  
Rule 12D-16.002,  
F.A.C.  
Eff. 11/23

\_\_\_\_\_ 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, Florida Statutes.)

Petition # _____	Parcel ID _____
Petitioner name _____ The petitioner is: <input type="checkbox"/> taxpayer of record <input type="checkbox"/> taxpayer's representative  <input type="checkbox"/> other, explain: _____	Property address _____

<b>Decision Summary</b> <input type="checkbox"/> Denied your petition <input type="checkbox"/> Granted your petition <input type="checkbox"/> 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. Postcatastrophic just value			
3. Percentage change in value			

<b>Reasons for Decision</b>	Fill-in fields will expand, or add pages as needed.
Findings of Fact	
Conclusions of Law	

**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