



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

DR-485C  
N. 01/23  
Rule 12D-16.002,  
F.A.C.  
Eff. 01/23

\_\_\_\_\_ 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.

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>	<i>Fill-in fields will expand, or add pages as needed.</i>
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 _____