

VALUE ADJUSTMENT BOARD
HILLSBOROUGH COUNTY, FLORIDA

GOOD CAUSE RESCHEDULE REQUEST
(Optional Form)

Important Notice: This form is used to request a rescheduling of your hearing before a Special Magistrate. House Bill 499, effective July 1, 2016, states: "The petitioner and the property appraiser may each reschedule the hearing a single time for good cause. As used in this paragraph, the term "good cause" means circumstances beyond the control of the person seeking to reschedule the hearing which reasonably prevent the party from having adequate representation at the hearing. If the hearing is rescheduled by the petitioner or the property appraiser, the clerk shall notify the petitioner of the rescheduled time of his or her appearance at least 15 calendar days before the day of the rescheduled appearance, unless this notice is waived by both parties."

The form can be e-mailed to VAB@hillsclerk.com; faxed to (813) 272-5044; or mailed to 419 Pierce Street, Room 140, Tampa, FL 33602.

Petitioner/Agent Name: _____ Petition Number: _____

10-digit Folio: _____ (Please attach separate list for contiguous or multiple parcels)

Please state the reason(s) for the reschedule request. **Be specific when stating circumstances and attach supporting documentation whenever possible.**

I will not attend the hearing but would like my evidence considered. (Florida Administrative Code 12D-9.024(9)(b), a petitioner who has indicated that he or she does not wish to appear at the hearing, but would like for the board or special magistrate to consider his or her evidence, shall submit his or her evidence to the board clerk **and** property appraiser before the hearing)

Person to Contact: _____ Phone: (_____) _____

Address: _____ E-mail: _____

Signature _____ Date _____

THIS SECTION COMPLETED BY VAB ATTORNEY MAGISTRATE

GRANTED BY: _____ DATE: _____

DENIED BY: _____ DATE: _____

OFFICE USE ONLY

Date Received: _____ Petition Type: Exemption Classification Value Tangible Legal

Original Hearing Date: _____ Time: _____ Rm: _____ SM: _____

New Hearing Date: _____ Time: _____ Rm: _____ SM: _____