

MIAMI-DADE COUNTY VALUE ADJUSTMENT BOARD EVIDENCE LIST AND SUMMARY FOR ALL PARTIES



Agenda # _____ Hearing Date _____ Room _____

Owner/Agent Name _____ Agent Code _____

Taxpayer/Owner Exchange of Information Response delivery method (Please choose only one)

- Email address _____
- Fax Fax Number () _____ - _____
- Pick Up Front Counter 111 N.W. 1st St., Suite 710
- US Mail Address _____

Documentary Evidence and Exhibits (Please provide a copy of all documents)

Document Date	Source or Author	Description/ Type	# of Pages

Summary of Testimony

Owner/Agent (Witness List and Additional Testimony on next page)

Please submit to: **Miami-Dade County Property Appraisal Department**

Using one of the following:

- Email To pavabsubmission@mdepa.net or
- Fax To (305) 375-5164 or
- Mail To P.O. Box 12840 Miami, FL 33101-2840 or
- Drop Off At 111 N.W. 1st Street, Suite 710, Miami, FL

Agenda # _____ Hearing Date _____ Room _____

Witness

Name _____ Phone _____

Testimony:

Witness

Name _____ Phone _____

Testimony:

Witness

Name _____ Phone _____

Testimony:

Additional Testimony:

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