



Agenda # \_\_\_\_\_ Hearing Date \_\_\_\_\_ Room \_\_\_\_\_

Witness

Name \_\_\_\_\_ Phone \_\_\_\_\_

Testimony:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness

Name \_\_\_\_\_ Phone \_\_\_\_\_

Testimony:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness

Name \_\_\_\_\_ Phone \_\_\_\_\_

Testimony:

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Additional Testimony:

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\_\_\_\_\_  
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\_\_\_\_\_

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

Using one of the following:

- Email To [pavabsubmission@mdepa.net](mailto: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. 1<sup>st</sup> Street, Suite 710, Miami, FL**