



Value Adjustment Board Clerk  
 201 South Rosalind Avenue  
 4th Floor, Administration Center  
 Orlando, FL 32801

PETITION NO. \_\_\_\_\_

**REQUEST TO RESCHEDULE HEARING SCHEDULED FOR \_\_\_\_\_, 2008**

*(MUST BE FILED WITH THE VAB CLERK'S OFFICE NO LATER THAN 5 DAYS PRIOR TO THE HEARING DATE)*

Parcel ID Number: \_\_\_\_\_

Type of Hearing: Value \_\_\_ Exemption \_\_\_ Classification \_\_\_ TPP \_\_\_ Disaster Relief \_\_\_

Person to contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Give reason for reschedule request:

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

I hereby acknowledge and confirm that I am waiving my right to an additional 25 day written notice of hearing by virtue of this request for rescheduling and agree that contact by telephone facsimile, and/or e-mail rather than by postal service shall be sufficient for such notice.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2008

\_\_\_\_\_  
 Signature

**REQUESTS TO RESCHEDULE MUST BE SUBMITTED TO THE VAB CLERK VIA EMAIL AT [VAB@OCCOMPT.COM](mailto:VAB@OCCOMPT.COM); FAX (407) 836-5382; MAIL OR HAND DELIVERED TO VAB, 201 S. ROSALIND AVE., 4th fl, ORLANDO, FL 32801, NO LATER THAN THE SCHEDULED HEARING DATE.**

FOR OFFICE USE ONLY		
	INITIAL	DATE
SCANNED	_____	_____
ENTERED	_____	_____
DELIVERED TO PAO	_____	_____