| UNIFORM | 1 VALUE ADJUSTMENT BOARD |
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| EVIDENCE LIS | T AND SUMMARY FOR ALL PARTIES |

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| Scheduled Hearing Date My fax/phone no | | - | My email address: |
|--|---------------|-------------------|---|
| Address: Parcel #: 1. Documentary Evidence and Exhibits. Please provide a copy of all documents Date Author Subject (Attach additional sheets if new 2. The following witnesses will testify to the information below. Witness. | Scheduled He | aring Date | My fax/phone no. |
| Parcel #: 1. Documentary Evidence and Exhibits. Please provide a copy of all documents. Date Author Subject (Attach additional sheets if need) 2. The following witnesses will testify to the information below. Witness. Name Address | Name: | | |
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| Date Author Subject (Attach additional sheets if need) 2. The following witnesses will testify to the information below. Witness. Name Address | Parcel #: | | |
| 2. The following witnesses will testify to the information below. Witness. Address | 1. Document | tary Evidence and | Exhibits. Please provide a copy of all documents. |
| 2. The following witnesses will testify to the information below. Witness. Address | Date | Author | Subject |
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| Summary of Testimony | | wing witnesses wi | ll testify to the information below. |
| Summary of Testimony | Witness. | wing witnesses wi | |
| | Witness. | | Address |
| | Witness. | | Address |