

St. Lucie County, Florida

**VALUE ADJUSTMENT BOARD
REQUEST TO RE-SCHEDULE HEARING
(MUST BE FILED WITH THE CLERK'S OFFICE NO LATER THAN FIVE (5) DAYS PRIOR TO
HEARING DATE, NO EXCEPTIONS WILL BE MADE)**

PETITIONER'S NAME: _____ PETITION NO: _____

SCHEDULED HEARING: DAY/ DATE: _____

Parcel ID Number: _____

Type of Hearing: Exemption _____ Classification _____ TPP _____ Value _____

Person to Contact: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____ E-mail: _____

Give reason for re-schedule request:

I hereby acknowledge and confirm that I am waiving my right to an additional twenty-five (25) day written notice of hearing by virtue of this request for re-scheduling 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 _____

Signature

This section for VAB Office use only:

Scheduled Hearing date: _____ Cancel Date: _____

Re-Scheduled: _____ By: _____