

**LEE COUNTY VALUE ADJUSTMENT BOARD
REQUEST FOR TELEPHONIC HEARING**

Hearing Location: VAB Hearing Rooms – 3rd Floor - 2201 Second Street, Fort Myers, FL 33901

Date of Request: _____

Petition No(s): _____

Original Scheduled Hearing Date/Time: _____

TAXPAYER/AGENT INFORMATION

Name: _____

Residence Address/Place of Business Physical Location: _____

Telephone: _____ Email: _____

CHECK ONE

_____ Taxpayer residence or Agent place of business is **more than 150 miles** from the hearing location

_____ Taxpayer residence or Agent place of business is **less than 150 miles** from the hearing location **and**
Taxpayer/Agent has a valid medical reason that does not allow him/her to be physically present.
(Please provide medical documentation)

COMPLETE ALL THAT APPLY

Names of the parties/witnesses that will **appear in person** at the hearing:

Names of the parties/witnesses that will **participate telephonically** at the hearing:

By signing this request form, I understand and agree

- Any and all evidence that the Taxpayer/Agent wishes to have considered at the hearing has been or will be uploaded into Axia **no later** than fifteen (15) calendar days prior to the corresponding hearing date
- To make sure all supporting documentation uploaded into Axia will contain page numbers on each page
- I will have a notary present at my telephonic hearing to swear me in and complete my Affidavit(s)
- All other conditions described in Section Three G of the Lee County Value Adjustment Board Local Policies and Procedures. (Available at the Value Adjustment Board link at the Clerk's website: <http://www.leeclerk.org>)

Taxpayer/Agent (**Circle One**) Signature

Date

Printed Name

Request must be received by the VAB no later than three (3) business days prior to the scheduled hearing date.

Mail: Lee County Value Adjustment Board, PO Box 2469, Fort Myers, FL 33902

Email: InfoVAB@leeclerk.org

Fax: (239) 485-2038