

The attached Evidence Exchange Form has been distributed to VAB clerks on request. It is a suggested form only. It is not an official Department of Revenue form. The Department of Revenue does not require the use of this form in connection with any proceedings. It is intended to provide a convenient format for standardizing and recording the evidence to be provided by the participants in a VAB hearing. If you have any questions about the form, please call Claudia Kemp at (850) 488-0712

**UNIFORM VALUE ADJUSTMENT BOARD  
EVIDENCE LIST AND SUMMARY FOR ALL PARTIES**

For Petition # \_\_\_\_\_  
Scheduled Hearing Date \_\_\_\_\_

My email address: \_\_\_\_\_  
My fax phone no. \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Parcel ID# \_\_\_\_\_

**1. Documentary Evidence and Exhibits.** Please provide a copy of all documents.

Date	Author	Subject

(Attach additional sheets if necessary)

**2. The following witnesses will testify to the information below.**

**Witness.**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

**Summary of Testimony.** \_\_\_\_\_

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

**Witness.**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

**Summary of Testimony.** \_\_\_\_\_

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

(Attach additional sheets if necessary)

**Witness.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**Summary of Testimony.** \_\_\_\_\_

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

**Witness.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**Summary of Testimony.** \_\_\_\_\_

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

**Witness.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**Summary of Testimony.** \_\_\_\_\_

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

**Witness.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**Summary of Testimony.** \_\_\_\_\_

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

(Attach additional sheets if necessary)