2015 VAB Attorney Application

Value Adjustment Board

Alachua County, Florida

Please type or print. If more space is needed, you may attach additional sheets. Answer each question. If the response is “none” or “not applicable,” so indicate in the space provided.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Name: |  | Tax ID#:  |  |
|  | Home Address: |  | Home phone:  |  |
|  |  |  |
|  | Business Address: |  | Business phone:  |  |
|  |  |  |
|  | Cell Phone: |  | Fax:  |  |
|  | Email: |  |  |

1. Specify your hourly rate and any minimums required:

|  |  |
| --- | --- |
| Hourly rate for attending hearings | $ |
| Hourly rate for research, reviewing magistrate recommendations | $ |
| Any minimum hours or total charge |  |

1. Are you a 🞎 private attorney or a 🞎 government attorney. See FAC rule 12D9.008?
2. Have you practiced law for over five years? \_\_\_\_\_\_\_\_\_\_.
3. Are you an elected or appointed official or employee of Alachua County or of a taxing jurisdiction or of the State? \_\_\_\_\_\_\_\_\_\_\_\_.
4. Do you intend to represent anyone before the board in any administrative review of property taxes? \_\_\_\_\_\_\_\_\_\_\_\_.
5. Do you now or do you intend in the future to represent the property appraiser, the tax collector, any taxing authority, or any property owner in any administrative or judicial review of property taxes? \_\_\_\_\_\_\_\_\_\_\_\_. See §194.15, Fla. Stat.
6. If you are currently a licensed Florida attorney, Florida real estate broker, or a certified or licensed Florida real estate appraiser pursuant to ch. 475, Florida Statutes, for each designation please provide:

|  |  |  |
| --- | --- | --- |
| Designation: |  |  |
| License or certificate number: |  |  |
| Date licensed or certified: |  |  |

1. List each instance you have been fined, reprimanded, placed on probation, disciplined, or otherwise prevented from/had limits placed on practicing law by the Florida Bar or any other regulatory body regulating the practice of law in another state or country.
2. List each organization which you currently or have previously been designated a member that qualifies you to represent the value adjustment board.

|  |  |  |  |
| --- | --- | --- | --- |
| Organization | Designation | Date Received | Membership number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. List any experience you have in property appraisal (include number of years):

|  |  |
| --- | --- |
| Residential Real Property: |  |
| Commercial Real Property: |  |
| Tangible Property: |  |
| Exemptions: |  |

1. If you have previously served as a value adjustment board attorney, please provide:

|  |  |
| --- | --- |
| County | Date(s) served |
|  |  |
|  |  |
|  |  |
|  |  |

1. If applicable, please explain why you no longer serve as a value adjustment board attorney in the above counties:
2. List any disbarment, suspension or other disciplinary action which you have received from any of the organizations listed in this application. List each instance in which you have been dismissed, terminated or denied appointment as a VAB attorney for poor or improper performance.
3. List any personal or business relationship you have ever had with any officer or employee of the Alachua County Property Appraiser’s Office or the Alachua County Value Adjustment Board. Board members can be viewed at <http://www.alachuacounty.us/Depts/Clerk/VAB/Pages/BoardMembers.aspx>.
4. List any additional information which qualifies you to serve as an attorney for the Value Adjustment Board.
5. List computer skills and years of experience.
6. Please provide a writing sample. This sample may consist of any opinion, letter, or other writing that contains one to two pages of original material.
7. Provide a copy of the certificate indicating you have completed the Department of Revenue VAB training program. If you have not completed the training, you must do so before assuming your duties, if you are selected. You may not be compensated for taking the training as it is a prerequisite for the position.
8. Please provide three references and telephone contact information.

|  |  |
| --- | --- |
| Name | Phone Number |
| 1.  |  |
| 2.  |  |
| 3.  |  |

The undersigned certifies that the information in this application is true and complete as of the date signed and authorizes the Value Adjustment Board to obtain information from other sources to verify each item contained herein.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of applicant |  | Date |