

**2012 VALUE ADJUSTMENT BOARD  
ATTORNEY APPLICATION  
WAKULLA 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: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home phone number: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business phone: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Tax ID#: \_\_\_\_\_
  
2. Specify your hourly rate and any minimums required:  
Hourly rate for attending hearings           \$ \_\_\_\_\_  
Any minimum hours or total charge         \$ \_\_\_\_\_
  
3. Are you a \_\_\_ private attorney or a \_\_\_ government attorney? See F.A.C. rule 12D-9.008.
  
4. Have you practiced law for over five years? \_\_\_\_\_
  
5. Are you an elected or appointed official or employee of Wakulla County, of a taxing jurisdiction, or of the State? \_\_\_\_\_
  
6. Do you intend to represent anyone before the board in any administrative review of property taxes? \_\_\_\_\_
  
7. 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 F. S. 194.015.
  
8. If you are currently a licensed Florida attorney, Florida real estate broker, or a certified or licensed Florida real estate appraiser pursuant to Chapter 475, Florida Statutes, for each designation please provide:

Designation: \_\_\_\_\_

License or certificate number: \_\_\_\_\_

Date license or certified: \_\_\_\_\_

9. List each instance you have been fined, reprimanded, placed on probation, disciplined, or otherwise prevented from/had limits place on practicing law by the Florida Bar or any other regulatory body regulating the practice of law in another state or country.

10. 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# |
|--------------|-------------|---------------|-------------|
| _____        | _____       | _____         | _____       |
| _____        | _____       | _____         | _____       |
| _____        | _____       | _____         | _____       |
| _____        | _____       | _____         | _____       |
| _____        | _____       | _____         | _____       |

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

Residential Real Property:

Commercial Real Property:

Tangible Property:

Exemptions:

12. If you have previously served as an attorney for a Value Adjustment Board, please provide:

| County | Dates served |
|--------|--------------|
| _____  | _____        |
| _____  | _____        |
| _____  | _____        |

13. If applicable, please explain why you no longer serve as an attorney for the Value Adjustment Board in the above counties:

14. List any disbarment, suspension or other disciplinary action that 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 Value Adjustment Board Attorney for poor or improper performance.
  
15. List any personal or business relationship you have ever had with any officer or employee of the Wakulla County Property Appraiser's Office or the Wakulla County Value Adjustment Board. Board Members can be viewed under Quick Links, Value Adjustment Board on the Wakulla County Clerk website at [www.wakullaclerk.com](http://www.wakullaclerk.com)
  
16. List any additional information, which qualifies you to serve as an attorney for the Value Adjustment Board.
  
17. 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 will not be compensated for taking the training, as it is a prerequisite for the position.
  
18. 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