

Agenda # _____ Hearing Date _____ Room _____

Witness

Name _____ Phone _____

Testimony:

Witness

Name _____ Phone _____

Testimony:

Witness

Name _____ Phone _____

Testimony:

Additional Testimony:

Please submit to: **Miami-Dade County Property Appraisal Department**

Using one of the following:

- Email To PAVABSUBMISSION@miamidade.gov or
- Fax To **(305) 375-5164** or
- Mail To **P.O. Box 12840 Miami, Fl 33101-2840** or
- Drop Off At **111 N.W. 1st Street, Suite 710, Miami, Fl**