

**VAB APPLICATION FORM
FOR CITIZEN MEMBER**

First Name _____ Middle _____

Last Name _____

911 Address _____

City _____, State _____ Zip _____

Phone Number (_____) _____

Parcel ID Number or Tax Bill Account Number _____

How long have you been a homestead resident of Levy County? _____ years

Are you a member or an employee of any taxing authority? _____ yes _____ no.

Do you represent property owners in any administrative or judicial review of property taxing? _____ yes
_____ no

Are you aware that the VAB meets four or five times a year? _____ yes _____ no.

Note that on-line training is required by Department of Revenue.

Signature