

ASSESSMENT VALUE CHANGE REVIEW APPLICATION

Basis for review: (Please select one)

Rehab Base Value

Rehab Final Value

Supplemental Value

Other _____

(1) An application form is required for each separate tax parcel; (2) Applicant must be legal owner, or duly authorized agent with an attached letter of authorization; (3) Documentation supporting the applicant's opinion must be submitted with application; (4) Appeal of income-producing properties **must** include a detailed income/expense report and a rent roll for the current and one prior year.

Application #: _____



Real Estate Assessor
Room 802-City Hall
900 E. Broad St.
Richmond, VA 23219

For more information:
(804) 646-7500

MAP REFERENCE #:

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____
(L) (S) (S) (S) (B) (B) (B) (B) (P) (P) (P)

PROPERTY ADDRESS: _____

OWNER OF RECORD: _____

TYPE OF PROPERTY: Single Family 2-4 Family Multi-Family Commercial/Industrial

REASON FOR REVIEW REQUEST

- ASSESSMENT IS INEQUITABLE WITH SIMILARLY ASSESSED PROPERTY (Complete Section A)
 ASSESSMENT IS NOT EQUAL TO CURRENT YEAR MARKET VALUE (Complete Section B)

STATE YOUR SUPPORTED OPINION OF VALUE EFFECTIVE AS OF _____: \$ _____

APPLICANT: _____
(Print)

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

TEL. CONTACT: (H) ____ - ____ - ____ (W) ____ - ____ - ____ (C) ____ - ____ - ____

EMAIL ADDRESS: _____

Note: A review will result in one of four actions by the Assessor: (1) Decreased assessment, (2) Increased assessment, (3) No change, or (4) Reassessment & equalization of neighboring properties

I certify that the descriptions and statements contained in this application are to the best of my knowledge both correct and true. I understand that this request for assessment review may require the city appraiser to inspect the exterior and interior of the property.

Given under my hand this _____ day of _____, _____.
(Day) (Month) (Year)

Owner/Agent Signature: _____

The property owner or authorized agent (with certified letter) must sign this form

PROPERTY OWNER SUPPORTING DATA

SECTION A (*Assessment inequitable with similar properties*). Comparable assessments can be viewed at the website listed below. Please select up to three specific properties that are similar in location, architectural style and physical features to your property.

Address	Current Assessment	Description (size, room count, baths, condition, etc)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

SECTION B (*Assessment not equal to current year market value*). A listing of all market sales is available in the *report* section of the website address listed below. Please select up to three market sales from this list that are similar in location, architectural style and physical features to your property.

Address	Sale Date	Sale Price	Description (size, room count, baths, condition, etc)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

SECTION C: Income-producing property: On a separate attachment, provide a detailed rent roll and a detailed Income and Expense statement for the current and one prior year.

(The city assessor website is: <http://www.richmondgov.com/Assessor/index.aspx>)