

# ASSESSMENT APPEAL APPLICATION

Application #: 17-

- (1) A separate application form is required for each parcel.
- (2) Applicant must be the legal owner or duly authorized agent with an attached letter of authorization.
- (3) Supporting documentation must be submitted with this application.
- (4) Income/expense data for leased or investment property must be provided with this application.



**City Assessor's Office**  
City Hall, Rm. 320  
605 East Main Street  
P.O. Box 911  
Charlottesville, VA 22902

**APPLICATION MUST BE FILED ON OR  
BEFORE FEBRUARY 28, 2017**

**Need more information? Phone: 434-970-3136**

Property ID: \_\_\_\_\_

Property Type:  Single Family  Duplex  Condominium  Multi-family (Apt.)  Commercial/Industrial

Property Address: \_\_\_\_\_ Unit: \_\_\_\_\_

Building Name (if any): \_\_\_\_\_ Property Zip Code: \_\_\_\_\_

Owner(s) of Record :

Assessment Notice Values: Land: \_\_\_\_\_ Building: \_\_\_\_\_ Total: \_\_\_\_\_

**Reason for Appeal:** Please note: Under state law, neither financial impact nor the rate of value change is, by itself, sufficient grounds for appeal. As required, the City's assessment is an estimate of fair market value as of January 1, 2017. We welcome appeals based on issues such as factual discrepancies or demonstrable issues of uniformity or fair market value.

**FAIR MARKET VALUE:** This property is assessed more or less than its Fair Market Value, as indicated by a review of comparable properties. (Complete Section A on the reverse side of this form.)

**LACK OF UNIFORMITY:** This property assessment is out of line generally with similar properties. (See reverse side of this form.)

**ERRORS IN PROPERTY DESCRIPTION:** The assessment of this property is based on inaccurate information, such as lot size, square footage, condition of property, flood plain, topography, zoning, etc. Accurate property characteristics are listed on the reverse side of this form.

Based on this information, I believe the proper assessment of this property as of January 1, 2017, should be:

Land: \_\_\_\_\_ Building(s): \_\_\_\_\_ Total: \_\_\_\_\_

**Owner/Agent Information (must be completed by property owner or authorized agent)**

Note: If applicant is not the owner of record, application must include an original Letter of Authorization from the owner, signed prior to date of application, either notarized or on owner's commercial letterhead. Two most recent annual income/expense surveys along with current rent roll must be submitted with appeals on income producing properties.

I hereby certify that the descriptions and statement contained in the application are correct, accurate, and true, to the best of my knowledge and belief. Given under my hand this \_\_\_\_ day of \_\_\_\_\_, 2017.  
(Day) (Month)

Printed name of Owner/Agent: \_\_\_\_\_

Phone (Daytime): \_\_\_\_\_ Signature of Owner/Agent: \_\_\_\_\_

Phone (Other): \_\_\_\_\_ Mailing Address (if different from property address): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

CHECK ONE:  I am the Owner  I am an Owner Agent

In the event of a reduction of my assessment value, I would like to have any tax refund due (select one):

Paid to me by check  Applied to my 2<sup>nd</sup> half taxes due.

Continued on back page.

**PROPERTY OWNER SUPPORTING DATA**

**SECTION A (Assessment Higher Than Market Value)** The subject assessment is determined by analysis of real estate sales with physical and location characteristics similar to subject property. Please list up to three specific sales occurring in 2016 supporting your contention:

Address	Description (size, square footage, baths, etc.)	Sale Date	Sale Price
			\$
			\$
			\$

**SECTION B (Assessment Inequitable with Similar Properties)** The subject assessment should be at the same level of market value as comparable properties. Please list up to three specific properties supporting your contention:

Address	2017 Total Assessment	Description (size, square footage, baths, etc.)
	\$	
	\$	
	\$	

**A review of your 2017 real property assessment will result in one of three actions by the Assessor: (1) assessment lowered, (2) assessment increased, (3) assessment not changed.**

**Appeal of the resulting Assessor's decision may be made to the Board of Equalization.**

COMMENTS:

**FOR OFFICE USE ONLY**

Date Received	Assessor Initials	Action Taken	Date Notice Sent	Appeal Deadline

Independent Appraisal Attached?  YES  NO      Appealed to BOE?  YES  NO

**FOR BOARD OF EQUALIZATION USE ONLY**

**ASSESSMENT HISTORY**

TAX YEAR	ASSESSMENT	TAX YEAR	ASSESSMENT	TAX YEAR	ASSESSMENT

DATE OF INSPECTION	SCHEDULED TIME	RESULT OF BOE INSPECTION	AMOUNT OF CHANGE
			\$