

# APPLICATION FOR REVIEW OF ASSESSMENT

Application #: OR10- \_\_\_\_\_



Real Estate Assessor  
Rm 802-City Hall  
Richmond, VA 23219

For more information: (804) 646-5600

Note: Application must be filed on or before March 1, 2010

(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) Income/Expense data for leased or investment property must be provided with application.

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 SIMILAR PROPERTIES (Complete Section A)
- ASSESSMENT IS HIGHER THAN MARKET VALUE (Complete Section B)

STATE YOUR SUPPORTED OPINION OF MARKET VALUE AS OF JANUARY 1, 2010: \$ \_\_\_\_\_

I HEREBY REQUEST THE FOLLOWING REVIEW:  Ride-by  Exterior Insp.  Exterior & Interior Insp.

APPLICANT: \_\_\_\_\_  
(Please 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. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

Owner/Agent Signature: \_\_\_\_\_  
A titled owner or authorized agent (with certified letter) must sign this form

(Office Use Only)

Application Received: \_\_\_\_\_ Application Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_ Employee Initial \_\_\_\_\_

**PROPERTY OWNER SUPPORTING DATA**

**SECTION A** (*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 that supports this contention:

Address	2009 Assessment	Description (size, room count, baths, etc)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

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**SECTION B** (*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 2009 that supports this contention:

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

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**SECTION C:** (Income/Expense Information). On a separate sheet, attach gross lease income estimates and property expenses for the past year.

Notes: