



Application for Review of Assessment

DEADLINE TO APPLY IS May 31, 2018

Return To:
City Assessor
Room 301
135 N Union St
Petersburg VA
23803

Parcel ID (Enter Nine digit number): _____ - _____ - _____

Request In Person By Other
Made: Mail

804-733-2333

Date of Request ____/____/____

App#: 2018-_____

Instructions

1. Applicant must be legal owner(s) of property being reviewed. If a duly authorized agent files this appeal, an original letter of authorization from the owner(s) must be on file with the City Assessor's Office.
2. Documentation supporting the applicant's opinions must be submitted with application.
3. An application form is required for each tax parcel being reviewed.
4. Owner must provide income/expense data for any multi-family, commercial /industrial or other investment property.
5. A review will result in one of four actions by the Assessor: (1) Decreased Assessment, (2) Increased Assessment, (3) NO Change, (4) Reassessment & Equalization of all or part of surrounding properties.
6. The Property owner has a right to appeal any decision of the assessor to the Petersburg board Of Equalization the B.O.E is appointed by the circuit court to hear assessment appeals if the property owner wishes to appeal to the B.O.E a letter stating this intent must be received by the assessor by August 31th 2018.

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (____)-____-_____

Email: _____

Property Address: _____

Type OF Property: Residential Multi-family Commercial / Industrial

Reason for Appeal:

- Assessment is higher than market value (Complete Section A)
- Assessment is inequitable with similar properties (Complete Section B)

State your opinion of market value as of this Date: \$ _____

(Complete and sign second page.)

Property Owner Remarks:

Section A: (Assessment is higher than market value).

The assessed value is determined by analysis of real estate sales with physical and location characteristics similar to subject property. List and describe any sales data of which you are aware supporting the contention that the property is overvalued documents or other pages may be attached.

Section B: (Assessment is inequitable with similar properties)

The assessment should be at the same level of market value as comparable properties within the neighborhood. List any neighborhood properties that you feel are inequitable assessed and provide your reasoning for the inequity. Document's or other pages may be attached.

I certify that the statements contained in this application are to the best of my knowledge true and correct.

Date

Signature (Owner or registered Agent)

Office Use Only

	Land Value	Building Value	Total Value
Current Assessment	\$ _____	\$ _____	\$ _____
Proposed Assessment	\$ _____	\$ _____	\$ _____
Change in Assessment	\$ _____	\$ _____	\$ _____

Appraiser: _____

Date: _____

B.O.E: Yes No