

APPLICATION FOR REVIEW OF ASSESSMENT

Office of Real Estate Valuation
Room 250, Municipal Building
Roanoke, VA 24011
Phone (540) 853-2771 Fax (540) 853-2796
www.roanokeva.gov

OFFICE USE

Application No.

I request a review of the proposed value change for my property identified as follows:
(A separate application must be filed for each Tax Number)

1. Tax Map Number: (Shown on Notice of Assessment Change Form)

2. Name of Property Owner:

3. Street Address of Property:

4. Mailing Address of Owner:

City State Zip Code

5. Reason for the request for review. Check one of the following:

A. Property is assessed HIGHER than Fair Market Value

B. Property is assessed LOWER than Fair Market Value

C. Lack of Uniformity: This property assessment is out of line with similar properties. Please list properties:

1. 2. 3.

D. Errors in Property Data: Assessment is based on inaccurate information concerning this property such as lot size, square footage, condition of property, flood plain, topography, zoning, etc.

6. Your estimate of value:

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

7. Explain any condition issues, unusual circumstances, or errors in property data that support value conclusion:

8. Request Property Inspection: Interior Exterior Only

NOTE: * If your property has been appraised during the last twelve months, please attach a copy of your appraisal.
* If this is an income producing property (commercial, apartment, or duplex), please attach a copy of last year's operating statement.

APPEAL FORM AND ALL SUPPORTING DOCUMENTS ARE DUE IN THIS OFFICE BY THE APPEAL DEADLINE.

Date

Signature of Owner or Representative

Telephone number

Email address