

---

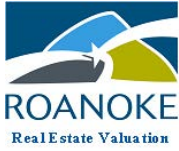
---

*Under state law, financial impact and/or the rate of value change is not sufficient grounds for appeal.*

*As required, the ~~CV~~ assessment is an estimate of fair market value as of January 1<sup>st</sup> each year.*

~~\$~~ ~~000,000.00~~ \_\_\_\_\_  
~~000,000.00~~

This page intentionally left blank



**City of Roanoke, Virginia**  
**Board of Equalization**  
**Application for Formal Hearing Appeal**

**Owner/Applicant Information:**

Deeded Owner Name(s):		Tax Map #:	
Property Address:			
Applicant Name*:		Relationship to Owner:	
Applicant Phone:	Alt Phone:	Email:	
Applicant Mailing Address:			
Name of person(s) attending hearing*:			

**\*If the person completing this form and/or person attending is not a deeded owner, the authorization form must be completed and notarized.**

**Select property Type:**

<input type="checkbox"/> <b>Single Family Residential</b>	<input type="checkbox"/> <b>Duplex/Apartment/Multi-Family*</b>	<input type="checkbox"/> <b>Commercial*</b>
---	--	---

\* If this is an income producing property (commercial, apartment, or duplex), please attach a copy of last year's operating statement.

**Select requested hearing date:**

May 23 <sup>rd</sup> (deadline TBD)	May 24 <sup>th</sup> (deadline TBD)	June 6 <sup>th</sup> (deadline TBD)	June 20 <sup>th</sup> (deadline TBD)	June 22 <sup>nd</sup> (deadline TBD)	June 27 <sup>th</sup> (deadline TBD)
--	--	--	---	---	---

\* If your property has been appraised during the last twelve months, please attach a copy of your appraisal.

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

**Current Assessment:**

Land Value: \$	Improvement/Building Value: \$	Total Value: \$
----------------	--------------------------------	-----------------

**Check one or more for your appeal basis:**

<input type="checkbox"/>	<b>FAIR MARKET VALUE:</b> This property is assessed greater or less than its Fair Market Value as indicated by a review of comparable properties (see second page).
<input type="checkbox"/>	<b>LACK OF UNIFORMITY:</b> This property assessment is out of line generally with similar properties (see second page).
<input type="checkbox"/>	<b>ERRORS IN PROPERTY DATA:</b> Assessment is based upon inaccurate information concerning this property such as lot size, square footage, condition of property, flood plain, topography, zoning, etc. (List info on second page).

**Based on this appeal information, I believe that the proper assessment of this property as of January 1<sup>st</sup> should be:**

Fair Market Land: \$	Improvement/Buildings: \$	Total: \$
----------------------	---------------------------	-----------

**General Comments on Appeal Basis (attach additional pages if necessary):**

---



---



---



---



---

**Sale Information for Property being Appealed (Fair Market Value):**

Most Recent Sale:	Date:	Price:	
Recent Listing(s):	Date:	Price:	# of Weeks:
	Date:	Price:	# of Weeks:
Recent Appraisal(s): (Provide copies)	Date:	Value:	Appraisal Reason:
	Date:	Value:	Appraisal Reason:

**Assessment/Sales of Comparable Properties (Fair Market Value/Lack of Uniformity):**

**Please list similar properties for the BOE to review for uniformity (tax map number or address)**

1)		2)		3)	
----	--	----	--	----	--

**Comments (attach additional pages if necessary):**

---



---



---

**Physical Characteristics of Main Building being Appealed (Errors in Property Data, "N/A", if not applicable):**

Year Built:	Central Air Conditioning? <input type="checkbox"/> NO <input type="checkbox"/> YES
Date of Last Remodel:	Finished Basement? <input type="checkbox"/> NO <input type="checkbox"/> YES _____ %
# of Full Baths (with tub or shower):	# of Half Baths (with no tub or shower):
Number of Fireplaces:	
Utilities: <input type="checkbox"/> Public Water <input type="checkbox"/> Public Sewer <input type="checkbox"/> Gas <input type="checkbox"/> Septic <input type="checkbox"/> Well	

**Comments (attach additional pages if necessary):**

---



---



---

**Please check below if you would like the following from Real Estate Valuation:**

<input type="checkbox"/>	I will need a copy of the assessment records pertaining to my property. (Available online)
<input type="checkbox"/>	I would like to schedule an appointment with my assessor to make a physical examination of my property.

**SIGNATURE OF OWNER/REPRESENTATIVE**

\*If applicant is not the owner of record, an **Appeals Authorization Form** from the owner must be provided prior to the hearing.

**I certify that to the best of my knowledge, the descriptions and statements contained in this application are accurate.**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Board of Equalization  
 Room 250, Municipal Building  
 215 Church Ave, S.W.  
 Roanoke, VA 24011  
 Phone Number: (540)853-1840  
[sharon.williams@roanokeva.gov](mailto:sharon.williams@roanokeva.gov)

Affirm\_\_\_\_\_

(Office Use Only)

Decrease\_\_\_\_\_

Increase\_\_\_\_\_

TO THE REAL ESTATE ASSESSOR OF THE CITY OF ROANOKE, VIRGINIA

At a meeting of the Board of Equalization of the City of Roanoke, it is ordered that the assessment on the above described property be revised, corrected, amended, or affirmed as follows:

Land \$\_\_\_\_\_ Buildings \$\_\_\_\_\_ Total \$\_\_\_\_\_

Date:\_\_\_\_\_

BOARD OF EQUALIZATION OF THE CITY OF ROANOKE

By\_\_\_\_\_

CHAIRMAN

