

# ASSESSMENT VALUE CHANGE REVIEW APPLICATION

Basis for review: (Please select one)

Rehab Base Value

Rehab Final Value

Supplemental Value

Other \_\_\_\_\_

(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) Appeal of income-producing properties **must** include a detailed income/expense report and a rent roll for the current and one prior year.

Application #: \_\_\_\_\_



Real Estate Assessor  
Room 802-City Hall  
900 E. Broad St.  
Richmond, VA 23219

For more information:  
(804) 646-7500

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 SIMILARLY ASSESSED PROPERTY (Complete Section A)  
 ASSESSMENT IS NOT EQUAL TO CURRENT YEAR MARKET VALUE (Complete Section B)

STATE YOUR SUPPORTED OPINION OF VALUE EFFECTIVE AS OF \_\_\_\_\_: \$ \_\_\_\_\_

APPLICANT: \_\_\_\_\_

(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. I understand that this request for assessment review may require the city appraiser to inspect the exterior and interior of the property.

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

Owner/Agent Signature: \_\_\_\_\_

The property owner or authorized agent (with certified letter) must sign this form

**PROPERTY OWNER SUPPORTING DATA**

**SECTION A** (*Assessment inequitable with similar properties*). Comparable assessments can be viewed at the website listed below. Please select up to three specific properties that are similar in location, architectural style and physical features to your property.

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

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**SECTION B** (*Assessment not equal to current year market value*). A listing of all market sales is available in the *report* section of the website address listed below. Please select up to three market sales from this list that are similar in location, architectural style and physical features to your property.

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

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**SECTION C:** Income-producing property: On a separate attachment, provide a detailed rent roll and a detailed Income and Expense statement for the current and one prior year.

(The city assessor website is: <https://www.rva.gov/Assessor-real-estate>)