



Martinsville
A CITY WITHOUT LIMITS

Board of Equalization

**Application to Appeal 2019 Reassessment
Deadline to Appeal: April 1, 2019 (City Code 21-6)**

Use one form for each parcel being appealed

FOR OFFICE USE

Date Received: _____

Hearing Date:

Hearing Time:

Owner(s) Name: _____

Owner(s) Address: _____

Owner's Agent: _____

NOTE: If you are **not** the property owner, you must file a **Letter of Authorization** signed by the owner. Signatures must be notarized or must appear on the property owner's letterhead.

Contact Information: Phone _____

FAX _____

Email _____

Parcel Address: _____

Parcel Account Number: _____

Type of Property (check one): Residential Commercial Vacant Land

Basis for Appeal (check all that apply)

Overvaluation Not uniform with similar properties
 Undervaluation Other

Please provide a brief explanation for the items checked above and attach supporting documents for reason for appeal:

*If this is a Commercial or Rental Property, please provide two full years of Income & Expense data and the most recent tenant list.

STATE YOUR OPINION OF THE FAIR MARKET VALUE OF THIS PROPERTY AS OF **JAN. 1, 2019**
\$ _____

Is a recent appraisal of the property being submitted? Yes _____ No _____

Please mail, fax or email the completed application and documentation that supports your appeal to:

Real Estate Assessment Office,
55 W. Church Street, Room 114 or P.O. Box 1222
Martinsville, VA 24112 Martinsville, VA 24114-1222
Email: Assessors@ci.martinsville.va.us
FAX: (276) 403-5337

Signature of Owner: _____ Date: _____

Signature of Owner's Agent: _____ Date: _____