



RUTH L. EASLEY
COMMISSIONER

OFFICE OF THE COMMISSIONER OF THE REVENUE
P.O. BOX 1222
MARTINSVILLE, VIRGINIA 24114-1222

PHONE (276) 403-5131
FAX (276) 403-5337

APPLICATION FOR REVIEW OF ASSESSMENT

(A SEPARATE FORM MUST BE FILLED OUT FOR EACH PROPERTY)

Please return the completed application to the Real Estate Assessment Office, 55 W. Church Street, Room 114, by email to Assessors@ci.martinsville.va.us, by mail or by fax prior to March 31, 2025

Parcel Information

Property Location Address: _____

Parcel Account Number: _____

Type of Property (check one): _____

Residential Commercial Vacant Land

Owner Information

Owner(s): _____

Mailing Address: _____

City/State/Zip: _____

Reason for Appeal

(check all that apply)

Overvaluation Incorrect property description data
 Undervaluation Demolition or fire damage
 Not uniform with similar properties 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, 2025

\$ _____

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

I hereby certify the facts contained herein and attached are true and correct to the best of my knowledge and belief.

Given under my hand this _____ day of _____, 20 _____

Printed Name: _____

Signature: _____

Daytime Phone Number: _____

Email Address: _____

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. If you have questions please call (276) 403-5136, or (276) 403-5336.