



*Board of Equalization*

**Application to Appeal 2025 Reassessment  
Deadline to Appeal: April 1, 2025 (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, 2025**

\$ \_\_\_\_\_

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  
Martinsville, VA 24112**

**P.O. Box 1222  
Martinsville, VA 24114-1222**

**Email: [Assessors@ci.martinsville.va.us](mailto:Assessors@ci.martinsville.va.us)**

**FAX: (276) 403-5337**

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner's Agent: \_\_\_\_\_ Date: \_\_\_\_\_