

**THIS FORM IS ALSO AVAILABLE FOR ONLINE SUBMISSION AT
OUR WEBSITE: alexandriava.gov/realestate
WE ENCOURAGE YOU TO FILE ONLINE.**



Office of Real Estate Assessments

Contact Information:

phone: 703.746.4646
email: realestate@alexandriava.gov

Office Location:

City Hall, 301 King Street
Room 2600
Alexandria, Virginia 22314

2025

Request for Review of Real Estate Assessment

Real estate assessments, property information, sales information, and forms are available on the Office of Real Estate Assessments' website at alexandriava.gov/realestate.

All Requests must be submitted by March 17, 2025.

**NOTE: Please read "INSTRUCTIONS FOR FILING".
The instructions must be adhered to when filing form.**

City of Alexandria, Virginia
Office of Real Estate Assessments
2025 Request for Review of Real Estate Assessment

INSTRUCTIONS FOR FILING

The purpose of this form is to request a review of your assessment by the staff of the Office of Real Estate Assessments. If you feel your property is appraised above or below the fair market value, or that your assessment is not equitable with surrounding properties, or is otherwise erroneous, you may file this form.

Be as specific as possible as to why you feel that your assessment is 1) above or below fair market value and/or 2) inequitable when compared to like surrounding properties. If you are requesting a review of the primary property class (classification), please provide an explanation on the form. If you are aware of specific sales, which are comparable to your property, or any unusual conditions that affect the fair market value, please include them with this form so that we may consider them in the review process. We also accept photographs. Sales for your assessment Study Group may be viewed on our website: alexandriava.gov/realestate. **Only sales occurring prior to January 1, 2025, may be considered to determine the 2025 assessed value; hence, you may only rely on sales occurring prior to January 1, 2025, when preparing your 2025 Request for Review of Real Estate Assessment.**

When filling out this form, please include a telephone number where you can be reached between 8 a.m. and 5p.m., Monday – Friday, and your email address. It is necessary for our office to have this information to set up an appointment for a physical inspection or to discuss the assessed value. All requests for Review of Assessment must be typed or printed legibly on an original form obtained from our office, downloaded from our website, or **submitted online** on our website. Submit a separate Request for Review form for each parcel. **Property owners, agents and/or representatives are required to submit all data supporting their reason for a request for review when this form is filed.** Completed Request for Review of Real Estate Assessment forms must be submitted to the Office of Real Estate Assessments no later than **March 17, 2025**. Only those forms received by the Office of Real Estate Assessments or postmarked by the United States Postal Service no later than **March 17, 2025**, will be accepted.

If you are an agent for the property owner, you must provide proper authorization from the property owner (**not the tenant**) to act on their behalf for the current assessment year. You may request instructions from the Office of Real Estate Assessments to ensure your submission of an acceptable authorization. Instructions are also available on our web page at alexandriava.gov/1662. **The letter of authorization must accompany your completed form.** Make it clear on the form where you want the review results sent or delivered. **We will only mail /email results to ONE address.**

For Commercial or income-producing properties, it is **very** important that an income and expense survey form has been filed with our office. Calendar year 2024 data may be submitted with your review, but please make sure that the information is also submitted during the yearly request of the information. More information regarding income and expense submissions can be found at alexandriava.gov/1664.

This form is not for a hearing by the Board of Equalization. A separate form is available for that purpose. The Board of Equalization filing deadline is June 2, 2025. **A pending review by the Office or appeal to the Board of Equalization does not change the due date for real estate tax payments. The length of time to receive the results of the Review will vary, depending on the property type and the total number of requests received by the Office.** If the Review results exceed June 3, extensions to file appeals will be granted.

MAILING ADDRESS:

Office of Real Estate Assessment Assessments
P.O. Box 178
Alexandria, Virginia 22313-1501

OFFICE LOCATION:

City Hall, 301 King Street
Room 2600
Alexandria, Virginia 22314

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online at: alexandriava.gov/realestate

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**2025 REQUEST FOR REVIEW
OF REAL ESTATE ASSESSMENT**
(For ONE parcel ONLY.)

OWNERSHIP/PROPERTY INFORMATION

Name of Owner _____

Property Address _____

Map No. _____

Block _____

Lot _____

Account No. _____

Date _____

2024 ASSESSED VALUE

Land _____

Building _____

Total _____

2025 ASSESSED VALUE

Land _____

Building _____

Total _____

For Office Use Only:

Abstract Code: _____

Neighborhood: _____

Account Manager: _____

Appeal #: _____

Authorization Required? Yes ☐ No ☐

2025 Written authorization submitted? Yes ☐ No ☐

Revised Assessment:

Land: _____

Building 1: _____

Building 2: _____

Total Building: _____

Total Assessment: _____

REASON(S) FOR REQUESTING REVIEW

I, (we), hereby apply for a review of assessment for the following reasons:

☐ Overvalued (complete next page)

☐ Not equitable with similar properties (complete next page)

☐ Undervalued (complete next page)

☐ Incorrect physical description

Explanation of reason(s). Please use additional sheets as necessary:

MARKET INFORMATION

Has there been an appraisal on the property during the calendar year?

Yes ☐ No ☐ (If yes, please attach a copy of the appraisal)

Was the property listed for sale during the calendar year?

Yes ☐ No ☐ (If yes, what was the listing price?) \$ _____

State your opinion of the Fair Market Value as of January 1, 2025:

\$ _____

Is the property leased?

Yes ☐ No ☐

CONTACT INFORMATION

Do you wish to have an appraiser make a physical inspection of the property?

Yes ☐ No ☐

I, (we), wish to have all correspondence related to this Review sent to (Check only one box):

☐ Property Address ☐ Mailing Address ☐ Alternate Address (provide below) ☐ Email Address (provide below)

CERTIFICATION

I (we), the undersigned, hereby verify that the information given is correct to the best of my (our) knowledge.

Signature Owner / Agent

Signature Owner / Agent

Print Name Owner / Agent

Print Name Owner / Agent

Date: _____ E-mail address: _____

Telephone: (Preferred) (_____) (Alternate) (_____) _____

Please ensure that we can contact you at the number(s) above between 8:00 am and 5:00 pm.

COMPARABLE PROPERTIES AND/OR SALES

If there are properties you believe should be considered in your Request for Review, please list them below.

Comparable #1

Address:

Account #:

Briefly explain why this property is comparable to your property:

Comparable #2

Address:

Account #:

Briefly explain why this property is comparable to your property:

Comparable #3

Address:

Account #:

Briefly explain why this property is comparable to your property:

Office Use Only Appraiser's Notes:

Owner Contacted: Yes ☐ No ☐ Date: _____

Telephone Notes: _____

Field Inspection: Date: _____ Time: _____

Inspection Notes: _____

Office Use Only Appraiser Changes:

Property Characteristic Changes to RealWare: _____

Notification Instructions: _____

Letter Type: _____

Special Notification Instructions: _____

Special Letter File path: _____

Appraiser: _____ Date: _____

Appraiser Supervisor: _____ Date: _____

Property Characteristic changes checked: Land _____ Bldg: _____

Real Estate Assessor (letter): _____ Date: _____

☐ Please Enclose Study Group Sales ☐ Please Enclose Other document/page number: _____

Administrative Use Only:**(1) RealWare Changes**

- ☐ Improvement value changed
- ☐ Land value changed

Initials: _____ Date: _____

(2) REAVCS Data Entry

Review Number _____

Tax Adjustment Number _____

Reason Code Entered _____

Initials: _____ Date: _____

(3) Notification

- ☐ Letter sent Date: _____
- ☐ Study Group Sales enclosed
- ☐ Other – specify: _____

Initials: _____ Date: _____

(4) Final Check

- ☐ Total values match in REAVCS
- ☐ Check effective date entered
- ☐ Check value in RealWare
- ☐ Check received, assigned and completed dates entered
- ☐ Check owner opinion of value entered

Initials: _____ Date: _____