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

Department of Real Estate Assessments

Contact Information:
703.746.4646 (Voice)
703.746.4180 (to request review form)
realestate@alexandriava.gov (e-mail)

Office Location:
301 King Street, Room 2600
City Hall
Alexandria, Virginia 22314

2010

Request for Review of Real Estate Assessment

Real estate assessments, property information, and sales information are available on the Department of Real Estate Assessments web site at **alexandriava.gov/realestate** .

You may also reach us via e-mail at **realestate@alexandriava.gov** .

Forms may also be printed from the City's web site at **alexandriava.gov/realestate** .

All Requests Must Be Filed By April 1.

City of Alexandria, Virginia
Department of Real Estate Assessments

2010 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 Department 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 your classification, please explain on 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 these with your review so that we may consider them in the review process. Sales for your assessment neighborhood may be viewed on our website at alexandriava.gov/realestate . **Only sales occurring prior to January 1, 2010 may be considered in arriving at the assessed value; hence, you may only rely on sales occurring prior to January 1, 2010 when preparing your 2010 Request for Review of Real Estate Assessment.**

When filling out this form, please include a telephone number(s) where you can be reached between 8:00 a.m. and 5:00 p.m., Monday – Friday; and your e-mail address. It is necessary for our office to have this information in order to set up an appointment for a physical inspection or for discussing the appraised value. All requests for Review of Assessment must be typed or printed legibly on an original form obtained from our office or downloaded from the web site. Use a separate Request for Review form for each parcel. **Property owners, agents and/or representatives are required to submit all data that supports their reason for a request for review when this form is filed.** Completed Request for Review of Real Estate Assessment forms must be returned to the Department of Real Estate Assessments no later than **April 1**. Only those forms received in the Department of Real Estate Assessments or postmarked by the United States Postal Service no later than **April 1** 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 Department of Real Estate Assessments to ensure your submission of an acceptable authorization. Instructions are also available on our webpage at http://www.alexandriava.gov/city/realestate/reauthreqs_new.html **The letter of authorization must accompany your completed form.** Make it clear on the form where you want the review results mailed. **We will only mail / e-mail results to ONE address.**

If the property to be reviewed is an **income-producing property** (e.g., apartment building, office building, shopping center, retail, warehouse, etc.), and you did not submit a statement of income and expense for calendar year 2008 to the Department of Real Estate Assessments when requested, we will not allow you or your representative to base your premise for review on income and expense information from calendar 2008.

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 July 1. **A pending review by the Department or appeal to the Board of Equalization does not change the due date for real estate taxes.**

MAILING ADDRESS:
Department of Real Estate Assessments
P.O. Box 178
Alexandria, Virginia 22313-1501

OFFICE LOCATION:
301 King Street, Room 2600
City Hall
Alexandria, Virginia 22314

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on the web site at alexandriava.gov/realestate

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2010 REQUEST FOR REVIEW
OF REAL ESTATE ASSESSMENT
(For ONE parcel ONLY.)

Map No.	Block	Lot

Account No.	Date

2009 ASSESSED VALUE		
Land	**Building**	**Total**

2010 ASSESSED VALUE		
Land	**Building**	**Total**

For Office Use Only

Local #: _____

Initiated by: _____

Neighborhood: _____

Verification of AV's: _____

Account Manager: _____

Date Assigned: _____

Date entered in REAVCS: _____

Appeal # _____

Authorization Required? Yes ☐ No ☐

2010 Written authorization submitted? Yes ☐ No ☐

Revised Assessment :

Land: _____

Building 1: _____

Building 2: _____

Total Building: _____

Total Assessment: _____

Name of Owner _____

Property Address _____

Mailing Address *(if different than property address)* _____

_____

I, (we), hereby apply for a review of assessment for the following reasons:
Please explain (use additional sheets if necessary): _____

_____

_____

State your opinion of the Fair Market Value as of January 1, 2010. $ _____ ☐ Entered

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: (work) (____)_____ (home) (____)_____

Do you wish to have an appraiser:

Make a physical inspection of the property? □ yes □ no; OR

Contact you to discuss the current appraised value? □ yes □ no

I, (we), wish to have the results of the review mailed to: (check only one box)

□ Property address

□ Mailing address

□ Other (Please provide address) _____

Appraiser's Notes:

Owner Contacted: Yes ☐ No ☐ Date: _____

Telephone Notes: _____

Field Inspection: Date: _____ Time: _____

Inspection Notes: _____

Appraiser Changes:

Property Characteristic Changes to RealWare: _____

Notification Instructions:

Letter Type: _____

Special Notification Instructions (send appeal form, neighborhood sales, etc.) _____

Special Letter Filepath: _____

Appraiser: _____ Date: _____

Sr. Appraiser / Division Chief: _____ Date: _____

Property Characteristic changes checked: Land _____ Bldg: _____

Director / Deputy Director (letter): _____ Date: _____

Administrative Use Only:

(1) RealWare Changes

☐ Land Abstract Override entered

☐ Improvement Market Override entered

☐ Correction type entered

Initials: _____ Date: _____

(2) REAVCS Data Entry

Tax Adjustment Number _____

Reason Code Entered _____

Initials: _____ Date: _____

(3) Notification

☐ Letter sent ☐ Study Group Sales enclosed

☐ Board of Equalization Appeal form enclosed

☐ Other – specify: _____

Initials: _____ Date: _____

(4) REAVCS entry

☐ Received, assigned and completed dates entered

Initials: _____ Date: _____

(5) Tax Adjustment Signed

Reason Code: _____

Director: _____ Date: _____

(6) Final Check

☐ Notification Letter sent

☐ Value Change History checked

☐ Verified tax adjustment sent to Treasury

Initials: _____ Date: _____