

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



Board of Equalization and Assessment Review

Contact Information:

703-838-4646 (Voice)
703-838-4576 (Appeal form request)
realestate@alexandriava.gov (e-mail)

Office Location:

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

2009

Appeal 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 email at realestate@alexandriava.gov .

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

All Appeals Must Be Filed By July 1

APPEAL OF REAL ESTATE ASSESSMENT

The purpose of this form is to appeal your assessment to the Board of Equalization and Assessment Review.

INSTRUCTIONS FOR FILING

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 appealing your classification, please explain on form. If you are aware of specific sales that are comparable to your property, or any unusual conditions that affect the fair market value, please include these with your appeal so that we may consider them in the appeal process. Sales for your assessment neighborhood may be viewed on our web site at alexandriava.gov/realestate . **Only sales occurring prior to January 1, 2009 may be considered in arriving at the assessed value; hence, you may only rely on sales occurring prior to January 1, 2009 when preparing your 2009 Appeal 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 through Friday; and, your e-mail address. It is necessary for our office to have this information in order to contact you to schedule your hearing.

All Appeals of Real Estate Assessment must be typed or printed legibly on an original 2009 form obtained from our office or downloaded from our web site. Use a separate appeal form for each parcel being appealed. All pages of your submission must be numbered consecutively. Property owners, agents and/or representatives are required to submit all data that supports their reason for appeal when this form is filed. A photograph of the property is requested by the Board and should be attached to the original appeal.

An original and seven copies of the appeal and summary support documentation must be submitted at the time the appeal is filed. If submitting lengthy support documentation, i.e., an appraiser's narrative report, only **one copy** is necessary of this information and it should **be attached to the original Appeal Form.**

If you are an **agent** for the property owner, you must provide proper Letter of Authorization from the property owner (**not the tenant**), to act on their behalf for the current assessment year. You may request instructions to ensure your submission of an acceptable authorization. **The letter of authorization must accompany this completed form.** A copy will suffice if the original 2009 Letter of Authorization has already been received by the Department of Real Estate Assessments. Make it clear on the form where you want the results of the appeal to be mailed. **We will only mail the results of the hearing 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 have not previously submitted to the Department of Real Estate Assessments a statement of income and expense for calendar year **2007** when requested, pursuant to Title 58.1-3294 of the Code of Virginia, the Board of Equalization and Assessment Review shall bar you or your representative from using any of the required but not furnished income and expense information as a basis for your appeal

When you have completed the APPEAL OF REAL ESTATE ASSESSMENT form, detach the "Instructions for Filing" and return the original and seven copies of the Appeal form and supporting documentation to:

Board of Equalization and Assessment Review
P. O. Box 178
Alexandria, VA 22313-1501

Only those forms received by the Board of Equalization or postmarked by the United States Postal Service no later than July 1 will be accepted.

Please be advised that all data supporting this appeal must be submitted when this form is filed. **NO ADDITIONAL WRITTEN DOCUMENTATION WILL BE ACCEPTED AT THE HEARING.** **You will be advised of your hearing date and time in writing and you may only reschedule one time. If you wish to withdraw your appeal from the Board, you must do this in writing 48 hours prior to your scheduled hearing or the Board may hear the appeal in your absence.**

Any written information that will be given to the Board of Equalization by the Department of Real Estate Assessments regarding the 2009 assessment of your property will be available to you 48 hours prior to your hearing date. It will be sent to you via e-mail to the e-mail address you provided on your appeal form; or, it will be sent via US mail to the address you selected on your appeal form.

Please refer to the **Hearing Rules and Procedures of the Board of Equalization** included with this form and also included on our web site.

2009 APPEAL OF ASSESSMENT

Original or downloaded forms only.

Attach photo to form.

(For ONE parcel only)

Hearing Scheduled: _____

Date: _____

Time: _____

Map No.	Block	Lot
Account No.	Date	
2008 ASSESSED VALUE		
Land	Building	Total
2009 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

2009 Written authorization submitted? Yes No

Appeal Filed? __2008 __2007 __2006

Revised Assessment:

Land: _____

Building 1: _____

Building 2: _____

Building Total: _____

Total: _____

Name of Owner _____

Property Address _____

Mailing Address (if different than property address) : _____

Sale Price (if purchased within the last five years) \$ _____

If loan, state full original amount \$ _____

Date of loan _____ Terms _____

Amount of insurance carried on real estate \$ _____

I/We, hereby apply for a hearing before the Board of Equalization and Assessment Review for the following reasons (**check any boxes**)

- 1. The new assessment is in excess of the Market Value of the property.
- 2. The new assessment is inequitable as compared to like surrounding properties.
- 3. The classification is inaccurate.
- 4. Other: EXPLAIN FULLY (use additional sheets if necessary) _____

Was a 2009 Request for Review of Assessment filed with the Dept. of Real Estate Assessments? Yes No

State your opinion of the Fair Market Value as of January 1, 2009. \$ _____

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

Signature - owner

Signature - agent

Print Name - owner

Print Name - agent

Date: _____ E-mail address: _____

Telephone: (work) _____ (home) _____

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

- Property address
- Mailing address
- Other (please provide address)

Note: If you are downloading your form, please thoroughly read the "Instructions for Filing" on page 2 of this form.

Administrative Use Only

Data Entry in REAVCS

Owner contacted for hearing? yes no

Initials: _____ Date: _____

Hearing Date: _____ Time: _____

Authorization required? yes no

Notification:

2009 Authorization submitted? yes no

Hearing notification letter sent?

Initials: _____ Date: _____

Telephone Notes: _____

Board minutes: _____

Hearing notes: _____

Board Secretary initials: _____ Decision date: _____

Notification instructions: _____

Board Chairman: _____ Date: _____

Board's recommendation to Department for changes to RealWare or Issues for consideration by Department related to the subject property: _____

Specific recommendations to appraiser: _____

Administrative Use Only:

(1) RealWare Changes

- Land Abstract Override entered
- Improvement Market Override entered
- Correction type entered

Initials: _____ Date: _____

(2) REAVCS Data Entry

Reason Code Entered _____

Tax Adjustment Number _____

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 (RealWare)
- Verified tax adjustment sent to Treasury

Initials: _____ Date: _____