



2018 BOARD OF EQUALIZATION APPLICATION FORM

County of York
Real Estate Assessment Office
120 Alexander Hamilton Blvd
P O Box 532
Yorktown, Virginia 23690

Telephone: (757) 890-3720
Email: boe@yorkcounty.gov

GPIN #

ASSESSOR OFFICE USE ONLY
AppealNumber: _____
Date Due: ___/___/_____

APPEAL DEADLINE IS FEBRUARY 28th, 2018

FIVE COMPLETE COPIES OF THIS APPLICATION MUST BE MADE AND RETURNED TO THE ASSESSOR'S OFFICE BY THE CLOSE OF BUSINESS ON FEBRUARY 28, 2018

Address of Property Being Appealed:		
Property Owner's Names:		
Property Owner's Mailing Address:		
2018 Assessment Notice Values:		
Land:	Improvements:	Total:

Financial impact and/or the rate of value change is not sufficient grounds for appeal. As required, the county's assessment is an estimate of fair market value as of January 1, 2018. Appeals should be based on at least one of the categories noted below. Check one or more for your appeal basis.

<input type="checkbox"/>	Fair Market Value: This property is assessed greater or less than its Fair Market Value as indicated by a review of comparable properties (See reverse form)
<input type="checkbox"/>	Lack of Uniformity: This property assessment is out of line generally with similar properties

OWNER/APPLICANT INFORMATION (must be completed by all owners or applicants)

Based upon this appeal information, I believe the assessment of this property as of January 1, 2018 should be		
Land:	Improvements:	Total:
I hereby certify that the facts contained herein and attached hereto are true, accurate and correct to the best of my knowledge and belief. Given under my hand this ____ day of _____, 20____ Signature of Applicant/Owner: _____ Print Name of Applicant/Owner: _____		If applicant is not the owner of record, application must include: an original Letter of Authorization from the owner, signed and notarized prior to the date of application. Two most recent annual income/expense surveys along with current rent roll <u>must be submitted with appeals on income producing properties.</u>
Phone: Day: () _____ Other: () _____ E-Mail: _____		
Applicant/owner Mailing Address (if different from property address): _____		
CHECK ONE: I AM THE OWNER OF RECORD I AM NOT THE OWNER OF RECORD		

Sale information on Property Being Appealed:			
Most recent sale date and price:			
Comparable Properties (attach additional pages to submit more comparables or other comments):			
Provide information below relating to properties with characteristics, assessments of sales prices that support your assessment appeal.			
Property Address	Comparable #1	Comparable #2	Comparable #3
Gpin Number:			
Land Assessed Value:			
Improvement Assessed Value:			
Total Assessed Value:			
Sale Date:			
Sale Price:			
Comments: (attach additional pages if necessary)			

Would prefer to Have application submitted for review Schedule a meeting

You will receive a written response to your appeal whether the assessment is affirmed, increased or decreased. You have a right to examine in our office, the property appraisal cards; working papers used to derive the assessment of your property, if any; and, any available information regarding the methodology employed in the calculation of your property's assessment.

DECISION OF THE BOARD OF EQUALIZATION

TO THE OFFICE OF THE ASSESSOR OF THE COUNTY OF YORK:

At a meeting of the Board of Equalization of the County of York, held on the _____ day of _____, 20___,

It was recommended that the assessment on the above described property be _____ to read as follows:
(affirmed, increased, decreased)

Current Value of Land	Current Value of Improvements	Current Total Value
Recommended Value of Land	Recommended Value of Improvements	Recommended Total Value

Chairman:	Secretary:
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