



Telephone Number: 757-890-3720

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York County  
 Real Estate Assessment Division  
 120 Alexander Hamilton Blvd  
 P O Box 532  
 Yorktown, VA 23690

Office Use Only
Appeal number: _____
Date received: _____
PID: _____

**2022 BOARD OF EQUALIZATION APPLICATION**

**APPEAL DEADLINE IS MONDAY, 5:00 PM, FEBRUARY 28, 2022**

**Property owners or their authorized agent must submit the original application and (5) copies, all supporting documentation must be included, application must be signed by all owner(s) or agent and authorized agents must submit notarized letters of authorization in order to appeal an assessment.**

If applicant is submitting an appraisal for consideration, the effective valuation date must be between January 1, 2021 and December 31, 2021.

If the property is income producing, owner/agent must submit rent roll, leases and income and expense statements for years 2020, 2019 and 2018.

Restaurants and convenience stores must submit gross sales for years 2020, 2019, 2018.

**Incomplete Applications will not be accepted or submitted to the Board of Equalization.**

**If appealing more than one parcel a separate application is required for each property.**

**Please place an (X) to the left of the property type:**

<input type="checkbox"/>	Residential	<input type="checkbox"/>	Office	<input type="checkbox"/>	Retail
<input type="checkbox"/>	Apartment/Multifamily	<input type="checkbox"/>	Self-Storage	<input type="checkbox"/>	Hotel/Motel/Resort
<input type="checkbox"/>	Shopping Center	<input type="checkbox"/>	Bank	<input type="checkbox"/>	Timeshares
<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Drug Store	<input type="checkbox"/>	Other: please list below
<input type="checkbox"/>	Convenience Store	<input type="checkbox"/>	Mobile Home Park	<input type="checkbox"/>	

GPIN: Geographical Parcel Identifier Number	
Address of property subject to appeal:	
Property owners deeded name:	
Property owner's mailing address:	
Owner's telephone number and email:	
Representative's telephone number and email:	

**Please Check One Option Regarding Your Filing:**

\_\_\_ Owner/agent requests a staff review of the subject property. This review may result in any of the following actions: a decrease in assessed value, no change in assessed value or an increase in assessed value

\_\_\_ Owner/agent wishes to appear before the Board of Equalization

\_\_\_ Owner/agent wishes to submit an appeal, but will not appear before the Board of Equalization and wishes the Board to hear the complaint in my absence

**Using the grid below, please indicate the County’s proposed assessment and the owner’s requested assessment:**

	<b>Land Value</b>	<b>Structure(s) Value</b>	<b>Total Value</b>
<b>County’s Proposed Assessment</b>			
<b>Owner’s Requested Value</b>			

**Basis of Review or Request: Fair Market Value, Equalization, Accuracy of Data**

**Please check the applicable complaint:**

I. \_\_\_ The subject property is assessed (circle one) for more than or less than the fair market value as of January 1, 2022. List below the *sales of comparable properties* that support your claim. The following must be provided, if you check number I.

GPIN \_\_\_\_\_ Property Address \_\_\_\_\_ Sale Price \$ \_\_\_\_\_

GPIN \_\_\_\_\_ Property Address \_\_\_\_\_ Sale Price \$ \_\_\_\_\_

GPIN \_\_\_\_\_ Property Address \_\_\_\_\_ Sale Price \$ \_\_\_\_\_

II. \_\_\_ The subject property is not equitably assessed with comparable properties. List below the *assessments of comparable properties* that support your claim. The following must be provided, if you check number II.

GPIN \_\_\_\_\_ Property Address \_\_\_\_\_ Assessed Value \$ \_\_\_\_\_

GPIN \_\_\_\_\_ Property Address \_\_\_\_\_ Assessed Value \$ \_\_\_\_\_

GPIN \_\_\_\_\_ Property Address \_\_\_\_\_ Assessed Value \$ \_\_\_\_\_

III. \_\_\_\_ The subject property assessment was based on inaccurate property information, such as an error in acreage, incorrect gross building area or other information omitted that would impact the value of the property. Please use the space below or attach supporting documentation, such as a recorded survey, building plans or request an appointment for a staff appraiser to conduct a site inspection to verify data.

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**CERTIFICATION:**

I certify that the descriptions and statements contained in this application are to the best of my knowledge both true and accurate.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Printed Name of Owner/Agent

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Printed Name of Owner/Agent

\_\_\_\_\_  
Signature of Owner/Agent