

BOARD OF EQUALIZATION

12007 Courthouse Circle P. O. Box 150 New Kent, VA 23124 Telephone: (804) 966–8754 Fax: (804) 966-9370 FOR BOE USE ONLY Case No.

Date & Time of Hearing:

Determination Completed:

Application for Equalization of Real Property Assessment

TYPE OR PRINT INFORMATION CLEARLY. SUBMIT ALL DOCUMENTS TO THE COUNTY ADMINISTRATION OFFICE. APPLICATION DEADLINE DATE IS 4:00 PM, APRIL 30, 2020

INSTRUCTIONS

OWNER:

- Failure to complete all sections of this application and/or failure of the representative of an owner to include the owner's
 authorization or power of attorney may result in a denial of the application for hearing. If the applicant is not the owner of record of
 the subject property, the applicant must include an original Letter of Authorization or Power of Attorney from the owner. Such
 authorization must be signed by the owner prior to the date of application and notarized.
- When this appeal is filed, the assessment issue is reopened for examination and may be increased, decreased, or affirmed. A separate application must be made for each parcel.
- Any appraisal report or professionally prepared opinion of value submitted with this appeal form must be complete as originally
 prepared and effective as of January 1, 2020. Partial reports will not be considered as valid evidence of value.
- For income producing properties, a copy of the last two years' operating statements or income tax returns applicable to the property must be submitted. Such information will remain confidential and will NOT be made part of the permanent record available to the public.

	Name of the Owner(s) on Januar	ry 1, 2020			
MAILING					
ADDRESS:	Street		City	State	Zip
PROPERTY					
DESCRIPTION:	Tax Map #			PID#	
	Street		City	State	Zip
	\$	\$		\$	
	2020 Land Value	2020 Improv	ement Value	2020 Total V	/alue
PACIS FOR ARRE	NI (CELECT AT LEAST ONE)				
	AL (SELECT AT LEAST ONE): RKET VALUE: The property		or less than its Fai	r Market Value	
	UNIFORMITY: The propert				ties
☐ FACTUAL	ERRORS: Assessment is b	ased upon inaccurate	information cond	erning property	
ADDUCANT'S OD	INION OF THE ASSESSED V	ALLIE AS OF LANGUAR	V 1 2020.		
\$	NION OF THE ASSESSED V خ	ALUE AS OF JANUAR	۲ 1, 2020: ذ		
Land Value	Improve	ment Value	ــــــــــــ Total Value		
—					
_ `	ou have met with the Commission ou have appealed your Assessmen		-		
Check here if yo	u nave appealed your Assessme	nt with the Commissioner	or Revenue.		
I hereby certify that	the facts contained herein and at	tached hereto are true, ac	ccurate, and correct, t	o the best of my knov	vledge and belief.
Applicant's Signature				Date	
Applicant's Name (If I	Different than Owner)				
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Phone (Daytime)	MATUE OWNER OF RECORD	Alternate Phone	IE OWNED OF DE	E-mail	
	AM THE OWNER OF RECOR rty owner: (Family member, Atto		HE OWNER OF RE	COKD	
The state of the property	,	, ,,,			
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Comparable Properties

Please provide at least three properties whose locations, characteristics, assessed values, or sales prices support your application for equalization. Online Real Estate records can be accessed at: http://gis.vgsi.com/newkentcountyva/Default.aspx

Comparable A

Property Address Sale Date Sa		Distance from your property
Sale Date Si		
	ale Price	Year Built
Assessed Value of Land A	ssessed Value of Improvements	;
How do you feel that this property supports your application?		

Comparable B

Tax ID Number	Owner's Name	
Property Address		Distance from your property
Sale Date	Sale Price	Year Built
	Assessed Value of Improvements	
How do you feel that this property supports your application?		

Comparable C

Tax ID Number	Owner's Name	
Property Address		Distance from your property
Sale Date	Sale Price	Year Built
Assessed Value of Land	Assessed Value of Improvements	
How do you feel that this property supports your application?	?	