



CITY OF SALEM  
REAL ESTATE DEPARTMENT  
114 N. BROAD STREET, SALEM, VIRGINIA 24153  
PHONE: (540) 375-3058

**APPLICATION FOR REVIEW OF ASSESSMENT**

I REQUEST A REVIEW OF THE PROPOSED VALUE CHANGE FOR MY PROPERTY  
(A SEPARATE FORM MUST BE FILED FOR EACH PROPERTY)

TAX MAP NUMBER: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

MAILING ADDRESS  
OF OWNER: \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

REASON FOR THE REQUEST FOR REVIEW  
(CHECK ALL THAT APPLY)

A: \_\_\_\_\_ I FEEL THAT MY PROPERTY IS APPRAISED AT MORE \_\_\_\_\_ OR LESS \_\_\_\_\_  
THAN 100% OF FAIR MARKET VALUE. GIVE YOUR ESTIMATE OF FAIR  
MARKET VALUE:

LAND: \_\_\_\_\_ BUILDINGS: \_\_\_\_\_ TOTAL: \_\_\_\_\_

B: \_\_\_\_\_ I FEEL THAT MY PROPERTY IS APPRAISED AT A HIGHER VALUE THAN  
SIMILAR PROPERTIES SURROUNDING MY OWN. (LIST PROPERTIES YOU  
FEEL ARE SIMILAR TO YOURS BUT NOT EQUITABLY APPRAISED)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

C: \_\_\_\_\_ I FEEL THAT MY PROPERTY IS AFFECTED BY AN UNUSUAL OR NEGATIVE  
CONDITION THAT MAY NOT BE VISIBLE WITH AN EXTERIOR INSPECTION.  
(DESCRIBE THE CONDITION THAT AFFECTS VALUE)

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** PLEASE ATTACH ALL SUPPORTING DOCUMENTS TO THIS APPEAL FOR  
CONSIDERATION WITH THE REVIEW OF THIS ASSESSMENT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Owner or Agent