



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