



**APPLICATION FOR REVIEW OF ASSESSMENT
CITY OF SALEM DEPARTMENT OF REAL ESTATE
PO BOX 869, SALEM, VA 24153
(540)375-3058**

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

TAX MAP NUMBER: _____
OWNERS NAME: _____
PROPERTY ADDRESS: _____
MAILING ADDRESS OF OWNER: _____

CITY STATE ZIP CODE

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

- A.** _____ I FEEL THAT MY PROPERTY IS APPRAISED AT MORE 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: IF YOUR PROPERTY HAS BEEN APPRAISED BY AN APPRAISER OUTSIDE OF THE CITY IN THE LAST YEAR, PLEASE ATTACH COPY OF VALUE ESTIMATE

DATE PHONE SIGNATURE OF OWNER