

CITY OF SALEM, VIRGINIA
BOARD OF EQUALIZATION OF REAL ESTATE ASSESSMENTS
114 N. BROAD STREET

APPEAL FROM REAL ESTATE ASSESSMENT

(This form is to be used for one parcel only)

TAX MAP NO. _____

Owner(s) Name _____

Address _____

Lot _____ Block _____ Section _____ Subdivision _____

If you have evidence that your real estate is incorrectly appraised, or that it is not in line with present day market value in your area, please complete the appropriate statement below.

1. My property is appraised at more than its total market value (or assessed at more than 100% of market value).
REASON – List several properties that sold recently which are comparable to your property.

2. My property is not appraised equitably when compared with similar surrounding properties. List property owner and address:

(1) _____
(2) _____
(3) _____

3. Assessed value of your property _____

In what year was property acquired? _____ Cost _____ Age of improvement _____

Condition of property (good, fair, or bad) _____ No. stories _____ No rooms _____

Baths _____ Basement _____ Type of heat _____ No. Fireplaces _____

Air conditioned? _____ If additional improvements were erected, what year? _____

Cost _____ If property is rented, give gross potential annual rent _____

Is property for sale? _____ If yes, what is the sale price? _____

I (we) hereby certify that the information given is correct to the best of my (our) knowledge and belief.

Date _____

Phone No. _____

Owner(s) - Agent _____

