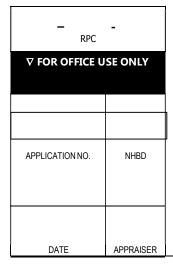
Arlington County Virginia



2024 APPLICATION FOR REVIEW OF SUPPLEMENTAL ASSESSMENT

Return to: **DEPARTMENT OF REAL ESTATE ASSESSMENTS SUITE 502 •2100 CLARENDON BOULEVARD ARLINGTON, VIRGINIA 22201 • TELEPHONE (703) 228-3920**

E-MAIL: assessments@arlingtonva.us Website: https://www.arlingtonva.us/RealEstate

Review requests must be made within 30 days of the date of the supplemental notice.

DOCUMENTATION IN SUPPORT OF THIS REVIEW MUST BE SUBMITTED WITH APPLICATION.

FOR OFFICE USE ONLY

A	N INTERIOR II	NSPECTION MAY BE	REQUIRED – SEE R	EVERSE FOR INSTRUC	CTIONS	
To be completed by appraiser:	Date	Time	Place			
PLEASE PRINT OR TYPE						
Name of legal owner						
Agent's name (if applica	able)					
Address to which respon	nse is to be	mailed				
Property address if diffe	erent from a	above				
Owner's / agent's telepl	none numb	er: Home ()	Work ()	
Owner's/Agent's email	address: _					
	ole to a consecutive	Calleria and the control of	To an and a second	(2) D	(2) No observe	
Review of an assessment may res In support of this application, one	or both of the f	following actions: (1) following statements sh	nould be checked:	_	ent (3) No change essed at more than its Fair Marke	et Value.
			I	(B) This property is not	assessed equitably with similar	properties.
Evidence must be submitted in support of comparable properties with their asso						
Appellant's Remarks: _						
IF,	ADDITIONAL SPAC	E IS REQUIRED, YOU MAY	ATTACH ADDITIONAL SH	EETS IN LETTER-SIZE (8 ½ X	(11) FORMAT.	
STATE YOUR OPINION OF	FAIR MARKE	ET VALUE AS OF C	COMPLETION OF	CONSTRUCTION	\$	
I certify that, to the best of	of my knowle	edge, the descripti	ons and stateme	nts contained in this	s application are accu	rate.
Date	PRIN	TED NAME OF OWNER OR	AGENT		SIGNATURE	

TITLE

INSTRUCTIONS FOR FILING RESIDENTIAL SUPPLEMENTAL REVIEW

- Residential Applicants: Please include with your application any information you feel is relevant, i.e., comparable sales, appraisals, condition of property, etc. A maximum of 5 comparable assessments may be submitted. An appraiser will contact you to schedule an appointment and inspection of your property. An interior inspection may be required.
- Commercial Applicants: A formal review hearing will be held with the appellant in the offices of the Department of Real Estate Assessments. You will be notified of the date and time of the departmental hearing. You must submit with the application all information you wish to have considered by the Department in the review process, including but not limited to:
 - > Any current appraisal you wish to have considered
 - ➤ Lease information
 - Construction costs
 - > Any fact or condition that affects the value of the property
- If application is being submitted by anyone other than the legal owner of the property, it must be accompanied by a Letter of Authorization which should:
 - Be an original document
 - Identify owner of record, RPC (Real Property Code[s])
 - State property address
 - > State the specific year(s) for which authorization is valid
 - > Identify agent with address and telephone number
 - ➤ Be signed by an owner or an authorized officer of the corporation
 - > Signature line must include:
 - 1. the notarized signature of an owner of record of the property or an officer of the corporation
 - 2. printed or typed name and title
- Letter of Authorization forms will be mailed on request. Please contact the Department at (703) 228-3920. The forms may also be printed from the Department's web pages on the County's website at: https://www.arlingtonva.us/Government/Topics/Real-Estate

REAL ESTATE ASSESSMENT INFORMATION IS AVAILABLE ON THE INTERNET AT: https://www.arlingtonva.us/overnment/Topics/Real-Estate				
ppraiser Remarks:	•			