

Arlington County Virginia

- - RPC	
▽ FOR OFFICE USE ONLY	
APPLICATION NO.	NHBD
DATE	APPRAISER

FOR OFFICE USE ONLY

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.

AN INTERIOR INSPECTION MAY BE REQUIRED – SEE REVERSE FOR INSTRUCTIONS

To be completed by appraiser: Date Time Place

PLEASE PRINT OR TYPE

Name of legal owner _____

Agent's name (if applicable) _____

Address to which response is to be mailed _____

Property address if different from above _____

Owner's / agent's telephone number: Home (_____) _____ Work (_____) _____

Owner's/Agent's email address: _____

Review of an assessment may result in any of the following actions: (1) Increased assessment (2) Decreased assessment (3) No change
 In support of this application, one or both of the following statements should be checked:

- (A) This property is assessed at more than its Fair Market Value.
- (B) This property is not assessed equitably with similar properties.

Evidence must be submitted in support of "A" and/or "B". In support of "A", list your reasons in detail including recent sales of comparable properties. In support of "B", include location of comparable properties with their assessments and state reasons for perceived inequities among assessments. A maximum of 5 comparable assessments may be submitted.

Appellant's Remarks: _

IF ADDITIONAL SPACE IS REQUIRED, YOU MAY ATTACH ADDITIONAL SHEETS IN LETTER-SIZE (8 1/2 X 11) FORMAT.

STATE YOUR OPINION OF FAIR MARKET VALUE AS OF COMPLETION OF CONSTRUCTION.....\$ _____

I certify that, to the best of my knowledge, the descriptions and statements contained in this application are accurate.

 Date PRINTED 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>

Appraiser Remarks:
