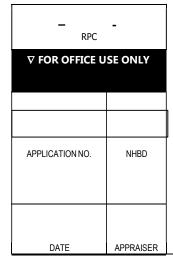
Arlington County Virginia



2025 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 | |
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| AI | N INTERIOR | INSPECTION MAY BE R | REQUIRED - SEE RE | EVERSE FOR INSTRUCTIONS |
|------------------------------------------------------------------------|----------------|---------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 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 respo | nse is to b | e mailed | | |
| Property address if diffe | erent from | above | | |
| Owner's / agent's telep | hone num | ber: Home () | | Work () |
| Owner's/Agent's email | address: _ | | | |
| | | | | |
| Review of an assessment may res In support of this application, one | | | | (2) Decreased assessment (3) No change (A) This property is assessed at more than its Fair Market Value. |
| | | | | (B) This property is not assessed equitably with similar properties. |
| | | | | g recent sales of comparable properties. In support of "B", include location. A maximum of 5 comparable assessments may be submitted. |
| Appellant's Remarks: _ | | | | |
| - | | | | |
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| | | | | |
| IF | ADDITIONAL SPA | CE IS REQUIRED, YOU MAY A | TTACH ADDITIONAL SHEE | ETS IN LETTER-SIZE (8 ½ X 11) FORMAT. |
| STATE YOUR OPINION OF | FAIR MARK | CET VALUE AS OF CO | OMPLETION OF CO | ONSTRUCTION\$ |
| I certify that, to the best of | of my know | ledge, the descriptio | ns and statement | ts contained in this application are accurate. |
| Date | PRI | NTED NAME OF OWNER OR AG | GENT | 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 |
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