

**APPLICATION FOR REVIEW OF
REAL ESTATE ASSESSMENT**



APPEAL DEADLINE: March 28, 2003

City of Fairfax

City Hall - Fairfax, Virginia 22030-3630

PROPERTY TAX MAP # _____ **(From Assessment Change Notice)**

PROPERTY ADDRESS _____

OWNER'S MAILING ADDRESS _____

(Is this a NEW or CORRECTED address?)

() YES () NO

TELEPHONE: BUSINESS _____ **HOME** _____

NATURE OF GRIEVANCE _____ **ASSESSED IN EXCESS OF FAIR MARKET VALUE**
_____ **ASSESSED INEQUITABLY WITH COMPARABLE PROPERTIES**

ON WHAT FACTORS DO YOU BASE YOUR GRIEVANCE? (Condition of property, adverse influences, etc.)

(If there is a condition problem, you will be contacted to schedule a property inspection.)

WHAT IS YOUR ESTIMATE OF FAIR MARKET VALUE OF THE PROPERTY? _____

PROPERTIES WITH WHICH YOU WISH SUBJECT PROPERTY TO BE COMPARED:

1. _____
2. _____
3. _____

(Attach additional sheets if needed.)

SIGNATURE _____ **DATE** _____

Return completed form to:

City of Fairfax
Office of Real Estate Assessments
10455 Armstrong St. , Room 206
Fairfax, Va. 22030