



2018

**APPLICATION FOR REVIEW OF ASSESSMENT**

Return to: **DEPARTMENT OF REAL ESTATE ASSESSMENTS**  
**#1 COURTHOUSE PLAZA, SUITE 611 • 2100 CLARENDON BOULEVARD**  
**ARLINGTON, VIRGINIA 22201 • TELEPHONE (703) 228-3920**

**E-MAIL: [realog2@arlingtonva.us](mailto:realog2@arlingtonva.us) Website: [www.arlingtonva.us](http://www.arlingtonva.us)**

**DEADLINE FOR FILING: February 28**

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

FOR OFFICE USE ONLY

— RPC —	
<b>▽ FOR OFFICE USE ONLY</b>	
APPLICATION NO.	NHBD
DATE	APPRAISER

**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 PARK ROBERT E / PARK SHARON C

Agent's name (if applicable) \_\_\_\_\_

Address to which response is to be mailed 515 M Street Northeast, Washington, Washington, DC, 20002

Property address if different from above 3175 Key Boulevard, Arlington, Arlington, VA, 22201

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

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 January 01, 2017? \$ 1,324,400.00

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

**An assessment review may not be completed prior to the Board of Equalization appeal deadline of April 15, 2016. Property owners who have not received the results of a review by APRIL 1<sup>st</sup> may wish to file an appeal with the Board of Equalization to preserve the option to an appeal.**

ACTION TAKEN	Original	Revised	Decrease Increase	Director / Assistant Director
<input type="checkbox"/> Confirmed	← Land →	_____	_____	Approved _____
<input type="checkbox"/> Revised	← Bldg. →	_____	_____	Date _____
	← Total →	_____	_____	

  

CS _____	L _____		REC. TO BOE: L _____
	B _____		B _____
CR _____	T _____	CHG: _____	T _____ CHG: _____

## INSTRUCTIONS FOR FILING RESIDENTIAL REVIEW

- The deadline for filing appeals is **February 28, 2018. Applications must be postmarked by March 1<sup>st</sup>.**
- **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 within ten (10) days of receipt of your Application for Review to schedule an appointment and inspection of the 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:
  - Income and Expense Statement for 2015, **certified and signed by owner or authorized agent of owner (if agent, a specific authorization signed by owner authorizing agent to sign income and expenses statements must be submitted).** If you have not previously submitted certified income and expense information for 2014 and 2013 you should also submit this information with your application
  - The income and expense information which is provided will be kept confidential according to Section 58.1-3 of the Code of Virginia. **If there is willful failure to furnish statements of income and expenses in a timely manner to the director, the owner of such parcel of real estate shall be deemed to have waived his or her right in any proceeding contesting the assessment to utilize such income and expenses as evidence of fair market value (Code of Virginia 15-2-716)**
  - 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:  
[www.arlingtonva.us](http://www.arlingtonva.us).

REAL ESTATE ASSESSMENT INFORMATION IS AVAILABLE ON THE INTERNET AT: [WWW.ARLINGTONVA.US](http://WWW.ARLINGTONVA.US)

Appraiser's Remarks: \_\_\_\_\_

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