

# APPEAL APPLICATION

**This application may only be required by local ordinance**

## APPLICATION TO THE BOARD OF EQUALIZATION

County/City of \_\_\_\_\_ Board of Equalization Address \_\_\_\_\_

Telephone No: **276-223-4142**

DATE APPLICATION RECEIVED: \_\_\_\_\_

(Use one form for each parcel appealing):

OWNER ' S NAME: \_\_\_\_\_ (As listed on Land Book)

OWNER'S ADDRESS: \_\_\_\_\_

Address of Property if Different from above:

Tax Map Number: \_\_\_\_\_

Reason for Appeal (Check):  Land Value;  Building Value;  Total Value

REQUIRED :

\_\_\_\_\_  
Signature of Owner, Taxpayer or Officer of Company

Date: \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

(An Agent or Representative appearing on behalf of the property owner: A signed letter of authorization by property owner must be submitted along with application for review).

Optional Information:

Other reasons: \_\_\_\_\_

List comparable or similar properties for Board to review: (by Tax Map Number )

1) \_\_\_\_\_

2) \_\_\_\_\_

Date of Hearing: \_\_\_\_\_ Time of Hearing: \_\_\_\_\_