

DATE: MM/DD/YYYY

TAX ID NUMBER

/ /

FRANKLIN COUNTY ASSESSMENT APPEAL FORM

1255 Franklin Street
Rocky Mount, Virginia 24151

540-489-0700 Telephone
<https://www.franklincountyva.gov>

PLEASE COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY AND RETURN IT.
PLEASE NOTE: PROPERTY OWNERS ARE GIVEN 45 DAYS NOTICE TO PREPARE
PRIOR TO HEARING, HOWEVER, YOU HAVE THE OPTION TO WAIVE THE 45 DAYS
BY COMPLETING A WAIVER TO MAINTAIN AN EARLIER HEARING DATE.

Name of Legal Property Owner:

Name of Representative/Agent* *Letter of Authorization must be attached by the land owner, giving you permission to discuss this appeal with our office (if someone other than the property owner).*

Mailing Address:

Physical Address of Property BeingAppealed *(if different from above)*

Building/Business Name (if any):

Telephone Number:

Please note:

By submitting this application, you acknowledge that Virginia State Code § 58.1-3379B states "In all cases brought before the board...there shall be a presumption that the valuation determined by the assessor is correct. The burden of proof on appeal to the board shall be on the taxpayer to rebut the presumption and show by a preponderance of the evidence that the property in question is valued at more than its fair market value or that the assessment is not uniform in its application and that it was not arrived at in accordance with generally accepted appraisal practices, procedures, rules, and standards as prescribed by nationally recognized professional appraisal organizations such as the International Association of Assessing Officers (IAAO) and applicable Virginia law relating to valuation of property. A different opinion of value WILL NOT alter the assessment. Only by providing evidence of an error can a change be made. You further acknowledge that you taken sufficient time to prepare evidence to present to the board.

By submitting this application, you acknowledge that a review of the property in question may result in any of the following actions:

- 1.) No Change in Value
- 2.) Assessment may Decrease
- 3.) Assessment may Increase

A separate application must be filled out for each value that is to be appealed.

Grounds For Appeal

Please Select the Reason for Your Appeal:

	Does Not Represent a Fair Market Value. This property is not assessed at fair market value, as indicated by the comparable properties I have provided.
	Lack of Uniformity. This assessment is out of line with similar properties in the same area, as indicated by the comparable properties I have provided.
	Mistakes of Fact. The information used to assess the property was inaccurate, as indicated in the <i>facts about structure</i> section below. (Includes computation errors)

Owner's Opinion

Please Briefly Summarize the Reason(s) why you believe the Assessment in question is inaccurate:

In your opinion, what should the fair market value of this property actually be?

\$ _____

Facts About Structure

Number of Stories

Square Footage of First Above Ground Floor

Square Footage of Basement (if present)

Approximately what portion of basement is finished?

Approximately what portion of attic is finished?

Number of Baths with a Shower OR Tub

Number of Baths with a Sink & Toilet only

Number of Fireplaces

Central Air Conditioning or Heat Pump

Yes / No

Number of Attached Garages

Number of Attached Carports?

What type of Water supply?

What type of Sewer?

Is this property currently for sale?

Yes / No

If Yes, what is the listing price: \$

Has this property sold in the last 24 months?

Yes / No

If Yes, what was the sale price: \$

Has this property been appraised in the last 12 months?

Yes / No

Have any structures been removed since our site visit?

Yes / No

Is there any serious damage to the structure?

Yes / No

(If yes, please be prepared to describe and offer evidence of this damage)

COMPARABLE PROPERTIES

Please provide at least three properties whose location, characteristics, assessed value, or sales prices support your assessment appeal.

Tax ID Number:	Owner's Name:	
Property Address:		
Distance from your property:		
Sale Date:	Sale Price:	Year Built:
Assessed Value of Land:		Assessed Value of Improvements:
Size of Parcel (Total Number of lots/Acres):		
How do you feel that this property supports your appeal?		
Tax ID Number:	Owner's Name:	
Property Address:		
Distance from your property:		
Sale Date:	Sale Price:	Year Built:
Assessed Value of Land:		Assessed Value of Improvements:
Size of Parcel (Total Number of lots/Acres):		
How do you feel that this property supports your appeal?		
Tax ID Number:	Owner's Name:	
Property Address:		
Distance from your property:		
Sale Date:	Sale Price:	Year Built:
Assessed Value of Land:		Assessed Value of Improvements:
Size of Parcel (Total Number of lots/Acres):		
How do you feel that this property supports your appeal?		

I certify that all of the information contained in this application is true and accurate to the best of my information, knowledge, and belief and that I have no intent to knowingly mislead or deceive any authorized representative of Franklin County. I will assist the Assessor's office by providing any and all relative information that might have an impact on my assessment. Further, I certify that I am the owner of the property in question, or that I am a duly appointed representative of the owner of the property.

Signature of Applicant:

Date:

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