



Rouss City Hall
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2019 Real Estate Appeal of Assessment

Owner and Tax Record Information

Owner(s) Name(s): _____

Property Address: _____

Mailing Address: _____

Email Address: _____

Daytime Phone: _____ Alternate Phone: _____

Tax Map No: _____

Request Site Visitation: Yes _____ No: _____ Zoning: _____

Property Type (Circle One)

Single Family Townhouse Duplex Residential Condominium Apartment Building
 Industrial Retail Shopping Center Commercial Condominium Office Building
 Residential Vacant Land Commercial Vacant Land Other _____

2019 Assessment Information

Land Value: \$ _____

Improvement Value: \$ _____

Total Value: \$ _____

Purchase Information

Date of Sale _____

Purchase Price: \$ _____

Sale Type (Check One): Market ___ Distressed ___

Owner's Opinion of Value

Reason for Review (Check One): Market ___ Equity ___ Incorrect Property Data ___

Your estimate of Fair Market Value (must provide evidence to support this value):

Land: \$ _____ Building(s): \$ _____ Total: \$ _____

"To provide a safe, vibrant, sustainable community while striving to constantly improve the quality of life for our citizens and economic partners."

Above Ground Information

Exterior Square Foot Measurement: _____ Year Built: _____

Finished Rooms: _____ # Bedrooms: _____ # Full Baths: _____ #Half Baths: _____

Garage #Cars: _____ Carport # Cars: _____ #Fireplaces: _____ # Chimneys: _____

Check all the following that apply:

Public Water/Sewer: _____ Natural Gas: _____ Septic: _____ Well: _____

Basement Information

Exterior Square Foot Measurement: _____

Finished Rooms: _____ #Unfinished Rooms: _____ #Full Baths: _____ #Half Baths: _____

Finished Living Area (sq ft): _____ Unfinished Living Area (sq ft): _____

Owner's Comparables

Provide information on properties to be considered as similar to the one under appeal. Use this table as applicable, or provide attachments with comparable data.

Comp	Property Address	Year Built	# Stories	Living Area	Sale Date	Sale Price
1						
2						
3						
4						

Remarks and Concerns

Please attach a document with any additional remarks or concerns to be considered as part of this appeal.

Signatures

I certify that the descriptions and statements contained in this application are true and accurate. If represented by an agent, the owner(s) agree with the opinions put forth in this application. I have submitted all evidence to be considered with this application.

Signature: _____ Print Name: _____

Role(Check One): Owner _____ Agent _____ Date: _____