



2027 OFFICE REVIEW APPLICATION

Application #: OR27-

Real Estate Assessor
900 E Broad St, Room 802
Richmond, VA 23219
Phone: (804) 646-7500
Fax: (804) 646-5686

Filing Deadline is August 31, 2026

A PROPERTY DESCRIPTION

Complete section A in full. Incomplete applications will be returned.

Map Reference #: _____ - _____ - _____ - _____
(L) (S) (S) (S) (B) (B) (B) (B) (P) (P) (P) (B)

Note: Map Reference # can be found on your Reassessment Notice or as PIN on our website. Example: S1234567890B

Property Address: _____

Owner of Record: _____

Type of Property: ☐ Single Family ☐ 2-4 Family ☐ Multi-Family ☐ Commercial/Industrial

B REASON FOR REVIEW REQUEST

Check at least one "Reason for Review" and provide applicant's opinion of value. Incomplete applications will be returned.

- ☐ Assessment is inequitable with similarly assessed property – Section E-1 on Page 2 required
- ☐ Assessment is not equal to market value as of July 1, 2026 – Section E-2 on Page 2 required

State Your Supported Opinion of Value: \$ _____

C APPLICANT INFORMATION

Applicant name, mailing address, and at least one telephone number or email address is required for application to be processed.

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Tel. Contact (H): _____ (W): _____ (C): _____

Email Address: _____

D AUTHORIZATION AND CERTIFICATION

Applicant must be legal owner or duly authorized agent with an attached letter of authorization for application to be processed.

I certify that the descriptions and statements contained in this application are to the best of my knowledge both correct and true. I understand this request for assessment review may require a city appraiser to inspect the exterior and interior of the property. I acknowledge a review will result in one of four actions by the Assessor: (1) Decreased assessment, (2) Increased assessment, (3) No change, or (4) Reassessment & equalization of neighboring properties.

Given under my hand this _____ day of _____, _____
Day Month Year

Owner/Agent Signature: _____

**** Ink or digital signatures only. Typed signatures will not be accepted. ****

Page 2 required for application to be processed

<http://www.rva.gov/assessor-real-estate>

E PROPERTY OWNER SUPPORTING DATA

- Complete E-1 and/or E-2 per Section B on page 1
- If property is income-producing, complete E-3 instead of E-1 or E-2

E-1 Assessment Inequitable with Similar Properties

Comparable assessments can be viewed at the website listed below. Please select up to three specific properties that are similar in location, architectural style and physical features to your property.

Property Address	2027 Assessment	Description (Size, Room Count, Baths, Condition, Etc.)
	\$	
	\$	
	\$	

E-2 Assessment Not Equal to Market Value

Comparable sales can be viewed at the website listed below. Please select up to three market sales from this list that are similar in location, architectural style and physical features to your property.

Property Address	Sale Date	Sale Price	Description (Size, Room Count, Baths, Condition, Etc.)
		\$	
		\$	
		\$	

E-3 Income-Producing Properties

On a separate attachment, provide a detailed rent roll and a detailed Income/Expense statement for the current and one prior year.

Email completed applications to assessmentappeals@rva.gov