



County of Gloucester  
 Real Estate Assessment  
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 Gloucester, Virginia 23061  
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Phone: (804) 693-1325  
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**ASSESSMENT REVIEW APPLICATION (INFOR 2446)**

Submitted by: \_\_\_\_\_ | E-mail/fax \_\_\_\_\_ | Mail \_\_\_\_\_ | In-person \_\_\_\_\_ | Phone \_\_\_\_\_  
 Review \_\_\_\_\_

**INSTRUCTIONS:** This form must be filled out completely and filed with the County Assessor.  
 Note: All assessments are based on a January 1, 2017 effective valuation date. **This is not a Board of Equalization (BOE) Application.**

**One of the following actions will result from this filing:**  
*No Change, Decreased Assessment, Increased Assessment, Neighboring Property Equalization*

- (1) An application form is required for each separate tax parcel;
- (2) Applicant must be legal owner or duly authorized agent with an attached letter of authorization;
- (3) Documentation supporting the applicant's opinion must be submitted with application;
- (4) Appeal of income producing properties must include a detailed income and expense report including rent roll for the current and one prior year.
- (5) **The Real Estate Assessment staff are required to correct errors in property data, as well as document any unreported structures/improvements. This may cause an increase or decrease in the assessed value of the parcel.**

Property Owner : \_\_\_\_\_

Subject Property Address : (House Number, Street, City, State, Zip)  
 \_\_\_\_\_

Contact Information: (Phone and Email)  
 \_\_\_\_\_

RPC Number (Parcel Number) : \_\_\_\_\_

**Owners Opinion of Property's Fair Market Value (Required) :**

\$ \_\_\_\_\_

**PROPERTY TYPE : (PLEASE CHECK ONE)**

<input type="checkbox"/>	Single Family	<input type="checkbox"/>	2-3 Family	<input type="checkbox"/>	Multi-Family
<input type="checkbox"/>	Vacant	<input type="checkbox"/>	Commercial/Industrial	<input type="checkbox"/>	

**REASON FOR APPEAL: (PLEASE CHECK ANY THAT APPLY)**

<input type="checkbox"/>	Fair Market Value	<input type="checkbox"/>	Factual Error	<input type="checkbox"/>	Land Use
<input type="checkbox"/>	Lack of Uniformity	<input type="checkbox"/>	Clerical Error	<input type="checkbox"/>	

**REVIEW REQUESTED : (PLEASE CHECK ANY THAT APPLY)**

<input type="checkbox"/>	Desktop	<input type="checkbox"/>	Drive By	<input type="checkbox"/>	Exterior Inspection
<input type="checkbox"/>	Interior Inspection	<input type="checkbox"/>	Interior/Exterior Inspection	<input type="checkbox"/>	

I certify that the statements contained in this application and supporting documents are to be to the best of my knowledge , both correct and true.

Owner/Agent Signature:

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



