



Gloucester County
 Real Estate Assessment Department
 6489 Main Street
 Gloucester, VA 23061
 Telephone: 804-693-1325
 Email: assessment@glocesterva.info

ASSESSMENT REVIEW APPLICATION

(This is not a Board of Equalization [BOE] Application)

All assessments are based on a January 1, 2026 effective valuation date.

Submitted via: Email Fax Mail In Person

One of the following actions will result from this filing:

| | |
|--|---|
| <input type="checkbox"/> No Change | <input type="checkbox"/> Decreased Assessment |
| <input type="checkbox"/> Increased Assessment | <input type="checkbox"/> Neighboring Property Equalization |

INSTRUCTIONS: This form must be filled out completely and filed with the Assessment Dept.

- (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: _____

Phone #: _____ **Email:** _____

RPC Number (Parcel Number): _____

Subject Property Address: _____
 Street Address _____

City _____ State _____ ZIP _____

Owner's Opinion of the 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 Conv |
| <input type="checkbox"/> | Vacant Land | <input type="checkbox"/> | Commercial/Industrial | <input type="checkbox"/> | Rental |

REASON FOR APPEAL: (PLEASE CHECK ANY THAT APPLY)

| | | | | | |
|--------------------------|--------------------|--------------------------|----------------|--------------------------|-------|
| <input type="checkbox"/> | Fair Market Value | <input type="checkbox"/> | Factual Error | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Lack of Uniformity | <input type="checkbox"/> | Clerical Error | | |

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 | | |

STATEMENT AND SUPPORTING DOCUMENTATION:**IF THE BASIS FOR THE REVIEW IS UNIFORMITY AND EQUITY: PLEASE COMPLETE**

| Property Address | Parcel Number | Use Code | Total Value |
|------------------|---------------|----------|-------------|
| | | | |
| Property Address | Parcel Number | Use Code | Total Value |
| | | | |
| Property Address | Parcel Number | Use Code | Total Value |
| | | | |

IF THE BASIS FOR THE REVIEW IS FAIR MARKET VALUE: PLEASE COMPLETE

| Property Address | Parcel Number | Sale Price | Total Value |
|------------------|---------------|------------|-------------|
| | | | |
| Property Address | Parcel Number | Sale Price | Total Value |
| | | | |
| Property Address | Parcel Number | Sale Price | Total Value |
| | | | |

FOR INCOME-PRODUCING PROPERTY:

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

I REQUEST THAT THE ASSESSMENT BE ADJUSTED AS FOLLOWS: PLEASE COMPLETE

| Property Address or RPC Number | Land | Improvement | Total Value |
|--------------------------------|------|-------------|-------------|
| | | | |

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.

Signature

Date