



**Gloucester County**  
 Real Estate Assessment Department  
 6489 Main Street  
 Gloucester, VA 23061  
 Telephone: 804-693-1325  
 Email: [assessment@gloucesterva.info](mailto:assessment@gloucesterva.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:**

- No Change
- Decreased Assessment
- Increased Assessment
- 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.**

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 Signature

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 Date