REASSESSMENT APPEAL APPLICATION
2026 GENERAL REASSESSMENT

Real Estate Assessment Dept.
6489 Main Street
Gloucester, Virginia 23061
Phone: 804-693-1325
Email: assessment@gloucesterva.info
Website: http://gloucesterva.info/Assessment

Applications must be postmarked by 01/15/2026

Name of Owner(s)_____ Phone#_____

Mailing Address_____

E-Mail Address_____

Preferred Method of Communication: ☐ E-mail ☐ Mail ☐ Phone

RPC#_____ Address of Property_____

INSTRUCTIONS: This form must be filled out completely and filed with the Real Estate Assessment Department

- **IMPORTANT:** An application form is required for **each** separate tax parcel.
- Applicant must be legal owner or duly authorized agent with an attached letter of authorization.
- Documentation supporting the applicant's opinion must be submitted with application.
- The Real Estate Assessment staff are required to correct errors in property data, as well as document any unreported structures/buildings.
  This may cause an increase or decrease in the assessment of the parcel.

PROPERTY TYPE: (PLEASE CHECK ONE)

	Single Family		2-3 Family		Apartments 4+ Units
	Vacant Land		Commercial (Retail, Office, Other)		Industrial

IF THE BASIS FOR THE REVIEW IS *FAIR MARKET VALUE*, PLEASE COMPLETE THIS SECTION AND PROVIDE SUPPORTING DOCUMENTATION
(Research 2026 Assessment values at https://gis.vgsi.com/gloucesterva/)

_____

_____

_____

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_____

(attach additional pages if more space is required)

Owner's Opinion of Value (REQUIRED):

Land: $_____ Buildings: $_____ Total: $_____

IF THE BASIS FOR THE REVIEW IS *UNIFORMITY AND EQUITY*, PLEASE COMPLETE THIS SECTION
(Research 2026 Assessment values at https://gis.vgsi.com/gloucesterva/)

I request the assessment of this property be compared to that of the following described property(s):

1) Address _____ RPC# _____

2026 Reassessment: Land $_____ Bldgs $_____ Total $_____

2) Address _____ RPC# _____

2026 Reassessment: Land $_____ Bldgs $_____ Total $_____

3) Address _____ RPC# _____

2026 Reassessment: Land $_____ Bldgs $_____ Total $_____

(attach additional pages if more space is required)

Owner's Opinion of Value (REQUIRED):

Land: $_____ Buildings: $_____ Total: $_____

IF THE BASIS FOR THE REVIEW IS DUE TO A *FACTUAL OR CLERICAL ERROR*, PLEASE COMPLETE THIS SECTION AND PROVIDE SUPPORTING DOCUMENTATION

I request the assessment of this property be reviewed due to the following described factual or clerical error:

_____

_____

_____

_____

_____

_____

(attach additional pages if more space is required)

Owner's Opinion of Value (REQUIRED):

Land: $_____ Buildings: $_____ Total: $_____

Attach additional pages if more space is required for any section.

Signature of Owner or Agent: _____

Date: _____, 20_____