



**CITY OF FAIRFAX
CITY HALL-FAIRFAX VIRGINIA 22030**

**BOARD OF EQUALIZATION
APPEAL OF REAL ESTATE ASSESSMENT**

PARCEL ID #: _____

PROPERTY ADDRESS: _____

NAME OF OWNER OR AGENT: _____
(If agent, owner authorization must accompany this appeal)

MAILING ADDRESS: _____

PHONE: (HOME) _____ (BUSINESS) _____

NATURE OF GRIEVANCE:

 ASSESSED IN EXCESS OF FAIR MARKET VALUE
WHAT IS YOUR ESTIMATE OF FAIR MARKET VALUE? \$ _____

 ASSESSED INEQUITABLY WITH COMPARABLE PROPERTIES

To register this appeal with the Board of Equalization, complete this form and return it, along with all supporting documentation, to the address listed below by **July 01, 2019**.

**THE BOARD WILL NOT ACCEPT ANY SUPPORTING DOCUMENTATION
SUBMITTED AFTER THE ABOVE DATE. NO EXCEPTIONS WILL BE MADE.**

The Assessor's Office will provide the Board with copies of office files and information submitted during the administrative appeal process. **SUPPORTING DOCUMENTATION: TWO (2) COMPLETE NUMBERED COPIES MUST BE SUBMITTED IN ORDER TO AVOID INCURRING A COPYING CHARGE.** You will be contacted by mail of the date and time of the Board's sitting. Please direct questions regarding this process to the Board Secretary at (703) 385-7840.

PRINTED NAME OF OWNER OR AGENT: _____
SIGNATURE OF OWNER OR AGENT: _____ DATE: _____

RETURN TO: **BOARD OF EQUALIZATION
c/o REAL ESTATE ASSESSMENT OFFICE
10455 ARMSTRONG ST., RM. 238
FAIRFAX, VIRGINIA 22030**