

CHESTERFIELD COUNTY
TAX ASSESSOR'S OFFICE
REQUEST FOR REVIEW

4472

Tax Year _____

Name of Owner _____

Map Number _____ District _____

Location _____ Acreage _____ Lots _____

Appraised Value: _____

House _____ Commercial _____ Other Buildings _____ Land _____

Date of Appraisal _____

Appraised By _____

REVIEW OF ASSESSMENT MAY RESULT IN ANY OF THE FOLLOWING ACTIONS:

(1) NO CHANGE

(2) DECREASED ASSESSMENT

(3) INCREASED ASSESSMENT

The property tax owner will complete the following:

(Check One or Both)

A. The above property is appraised at more than the fair market value.

B. The above property is not equitably assessed as compared with the surrounding properties.

Year of Purchase: _____ Cost of Land: \$ _____ Bldgs. \$ _____

Total \$ _____

Use of Property: Single Family Multi-Family Commercial Industrial

Agricultural Land Other _____

Improvements on property: LIST AND IDENTIFY ALL

If residential property, identify the following: Year Built _____ No. of Baths _____

No. of Bedrooms _____ Duct Heat: YES NO Central Air-Conditioning: YES NO

Type of Fuel: GAS OIL ELEC. OTHER _____

List date in support of item(s) A and/or B above:

Your estimate of the total fair market value: \$ _____

Your estimate of the total use value: (If classified as agricultural property): \$ _____

YOU WILL BE NOTIFIED BY LETTER OF ACTION TAKEN

I certify that the descriptions and statements contained in this application are to the best of my knowledge both correct and true and permission is granted to conduct inside and outside inspection of the property if necessary.

Given under my hand this _____ day of _____ 20 _____

Mailing address _____

Owner or Agent _____ Telephone _____

(Signature)