



City of Virginia Beach

VBgov.com

REAL ESTATE ASSESSOR
(757) 385-4601
FAX (757) 385-5727
TTY: 711

MUNICIPAL CENTER
BUILDING 18
2424 COURTHOUSE DRIVE
VIRGINIA BEACH, VA 23456-9054

Dear Property Owner:

The Real Estate Assessor's Office wants to insure that your assessment is accurate and equitable. You may wish to verify the accuracy of our description of your property or you may have information regarding your property of which we are unaware. Our Appraisal staff is available to discuss your assessment and share recent sales data without requiring you to complete the attached form.

If you wish to discuss your assessment with an Appraiser, please contact us at (757) 385-4601 and select option three (3). Assessment notices are mailed @ March 1 each year. The first couple of weeks in March our phones are typically very busy. You may find it easier to contact us after that timeframe. The new assessments are effective July 1st each year with the first tax bill due the subsequent December 5th.

If you simply wish to file a Request for Reappraisal, please print and complete the attached document and mail to our office. Please include the Parcel Identification Number (GPIN) from your assessment notice and property address and a daytime phone number. Only the owner or their authorized agents may file the request. Agents must file an authorization form signed by the owner.

Sincerely,

J. D. Banagan, ASA
Real Estate Assessor



City of Virginia Beach
 Office of Real Estate Assessor
 2424 Courthouse Drive
 Virginia Beach, Virginia 23456-9054
 Telephone (757) 385-4601 Fax (757) 385-5727
 www.vbgov.com/realestate

REQUEST FOR COMMERCIAL REAPPRAISAL

Owner: _____
 Property Address: _____
 GPIN(s): _____
 District: _____

*Appeals should be based on uniformity and/or market value.
 The amount of change from the previous year's assessment is not a legal basis for appeal.*

REASON FOR APPEAL

- Assessed more than market value. Inequitably assessed regarding comparable properties.
 Is a recent appraisal being submitted? Yes No

PROPERTY TYPE (select all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Self-Storage | <input type="checkbox"/> Shopping Center* | <input type="checkbox"/> Office* |
| <input type="checkbox"/> Owner Occupied | <input type="checkbox"/> Industrial* | <input type="checkbox"/> Hotel/Motel* |
| <input type="checkbox"/> Vacant Land | <input type="checkbox"/> Apartment* | <input type="checkbox"/> Other Commercial* |

**If recent Income and Expense statements have not been submitted, please forward with this form.
 Also, include rent rolls if applicable.*

Note: If you are not the property owner, you must file a current **Original Letter of Authorization** signed by the owner with the specific tax year stated. Signatures must be notarized or appear on the property owner's letterhead.

An adjustment of this assessment should be made because (be specific):

In your opinion, what is the **current market value** of this property:

	Land	_____
	Structures	_____
	Total	_____

If an inspection of this property is needed, do you wish to be present? Yes No

Signature of Owner: _____
 Printed Signature of Owner: _____
 Printed Mailing Address: _____
 Telephone: Home _____ Work _____ Cell _____

You will be provided with a written notification of the results of this review. The property owner has the right to appeal the decision of the Assessor to the Board of Equalization. The B.O.E. is appointed by the Circuit Court to hear assessment appeals. If the property owner wishes to appeal to the B.O.E. after the decision of this office, then a separate application must be filed with that office before November 30th.