

PULASKI COUNTY IMPROVEMENT APPEAL FORM

DATE (MM/DD/YYYY):

/ /



TAX ID NUMBER

Office of the Commissioner of Revenue
 Real Estate Department
 52 West Main St. Suite 200
 Pulaski, VA 24301-5044
 Phone: 540-980-7753 Fax: 540-980-7758

Please note: According to Virginia State Law, it is your responsibility to provide us with evidence that clearly refutes the value established by our Assessment Office. It is our responsibility to make the best and most qualified estimate of value due to changes on the property; our goal is to value your property at 100% of fair market value. Virginia State Law. 58.1-3984

Name of Property Owner: (include building/business name, if any)

Address of Property Being Appealed:

Telephone Number:
 Business: () - Home: () -
 Cell: () -

Attached on a separate page or described below, please briefly summarize the reason(s) why you believe the assessment in question is inaccurate, and state the value which you feel best represents the fair market:

I certify that all the information contained in this application is true and accurate to the best of my knowledge, and that I have no intent to knowingly mislead any authorized representative of Pulaski County. I believe that I have a justifiable concern and I will assist the COR Office by providing any and all pertinent information that might have an impact on my assessment. Furthermore, I certify that I am the owner of the property in question.

Signature of Applicant:

Date:

_____ / ____ / ____

OFFICE USE ONLY:

Parcel Assessed By: _____

Date of Site Review: ____ / ____ / ____

Notes:

Final Determination:

Value Affirmed
 Value Adjusted **Approved By:** _____

(Appealed Value) (New Value):

Land: \$ _____ \$ _____

Impr: \$ _____ \$ _____

Total: \$ _____ \$ _____