



**CITY OF HARRISONBURG  
COMMISSIONER OF THE  
REVENUE**

REAL ESTATE ASSESSMENT OFFICE  
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**2021 APPLICATION FOR REVIEW OF REAL ESTATE ASSESSMENT**  
**APPEAL HEARINGS DATES DECEMBER 14<sup>th</sup> – 18<sup>th</sup> 2020**  
**DEADLINE TO FILE IS DECEMBER 18<sup>th</sup>, 2020**

**\*A separate application must be filed for each Tax Map Number.**

- 1. Tax Map Number: \_\_\_\_\_
- 2. Property Owner Name: \_\_\_\_\_
- 3. Address of appealed property: \_\_\_\_\_

**4. Reason for Appeal:** (Check applicable reason(s) for appeal.)

- A. \_\_\_\_\_ Property is not assessed at Fair Market Value
- B. \_\_\_\_\_ Property is not assessed equitably with similar surrounding properties.
- C. \_\_\_\_\_ Other reason. Please specify below.

COMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPARABLE PROPERTIES**

\*Please list below comparable properties in the surrounding area.

	PROPERTY ADDRESS	ASSESSED VALUE	
		LAND	IMPROVEMENT
1.	_____		
2.	_____		
3.	_____		

**NEW ASSESSED VALUE FROM NOTICE:** LAND: \_\_\_\_\_ BLDG: \_\_\_\_\_

**COMMENT** (Specify any other reason for appeal.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

**HEARING DATE:** \_\_\_\_\_ **HEARING TIME:** \_\_\_\_\_

**CHANGE:** \_\_\_\_\_ **NO CHANGE:** \_\_\_\_\_

**LAND:** \_\_\_\_\_ **IMPROVEMENT (BLDG):** \_\_\_\_\_

**REASON FOR CHANGE:** \_\_\_\_\_