

HEARING DATE _____ HEARING TIME _____

OWNER/REP- CONTACT INFO: ph# _____ e-mail _____

CITY OF HARRISONBURG 2025 EQUALIZATION BOARD APPLICATION FOR REVIEW OF REAL ESTATE ASSESSMENT

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

Tax Map Number: _____ Owner Name: _____

Address of appealed Property: _____

Classification of Property: Residential _____ Commercial _____ Multi-Family _____

Reason for appeal to the Board of Equalization: Please check applicable reason(s)

Assessment no uniform in relation to comparable property:

Assessment exceeded fair market value:

Assessment based on incorrect data:

Assessment not determined in accordance with generally accepted practices:

Other reason(s) description: _____

Did you appeal to the Assessor's office first? Yes: No: Result: Change No change

2025 Appealed Assessed Value: _____

New **2025** (if changed by assessor) Assessed Value: _____

2025 Desired BOE Assessment Ruling _____

To be filled out by the Board of Equalization

Reason for change (if any): Please check applicable reason(s)

Assessment is not uniform in relation to comparable property:

Assessment exceeded fair market value:

Assessment based on incorrect data:

Assessment not determined in accordance with generally accepted practices:

Other reason(s) description: _____

BOE CHANGE BOE NO CHANGE

Land Value: _____

Building Value: _____

VOTES: _____ YES _____ NO

Total Value: _____