

BOARD OF EQUALIZATION  
P.O. BOX 98  
STAFFORD, VA 22555-0098  
CONTACT #: (540) 658-4132 #2  
FAX: (540) 658-4120



FOR OFFICE USE ONLY  
APPLICATION NO: \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_  
APPOINTMENT: \_\_\_\_\_  
DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

INSTRUCTIONS TO APPLICANT

This application must be completed and either delivered to the Real Estate Section of the Stafford County Commissioner of the Revenue's Office, 1300 Courthouse Road, faxed to (540) 658-4120, or mailed to P. O. Box 98, Stafford, VA 22555-0098 at least one week prior to your scheduled hearing. In the case of written appeals, the deadline is a postmark date no later than June 5, 2020.

**TO: THE STAFFORD COUNTY BOARD OF EQUALIZATION**

The undersigned taxpayer respectfully makes application for the equalization of the assessment of the following described property.

**DESCRIPTION OF PROPERTY**  
(Please print or type all information)

Name of Property Owner: \_\_\_\_\_

Address of Property: \_\_\_\_\_  
\_\_\_\_\_

Property Description: \_\_\_\_\_  
(Lot, Section, Subdivision)

TAX MAP NUMBER \_\_\_\_\_ and/or ALTERNATE PIN NUMBER \_\_\_\_\_

Present Assessment:

Land \$ \_\_\_\_\_ Improvements \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Reasons for requesting review including statement in full why you think the assessment of this property is out of proportion to other like surrounding property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request the assessment for the property be compared to the following described comparable property. (Comparisons limited to two parcels.)

1. Address \_\_\_\_\_ Tax Map or Alt. Pin Number \_\_\_\_\_

Present Assessment: Land \$ \_\_\_\_\_

Building \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

2. Address \_\_\_\_\_ Tax Map or Alt. Pin Number \_\_\_\_\_

Present Assessment: Land \$ \_\_\_\_\_

Building \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

I REQUEST THE ASSESSMENT TO BE ADJUSTED AS FOLLOWS:

Land from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Improvements \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Total from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

I certify that the descriptions and statements contained in this application are to the best of my knowledge both correct and true. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ 2020.

Telephone:

Day \_\_\_\_\_

Evening \_\_\_\_\_

\_\_\_\_\_  
(Signature of Owner or Agent)

\_\_\_\_\_  
(Owner of Record Mailing Address: Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

FOR OFFICE USE ONLY:

DATE REVIEWED \_\_\_\_\_

BOARD'S REVIEW \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CURRENT ASSESSMENT

Land \$ \_\_\_\_\_

Building \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

BOARD'S ASSESSMENT

Land \$ \_\_\_\_\_

Building \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Date order Mailed (attach Copy of Order): \_\_\_\_\_