



**CITY OF HARRISONBURG
COMMISSIONER OF THE
REVENUE**

REAL ESTATE ASSESSMENT OFFICE
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HEARING DATE _____ HEARING TIME _____

CITY OF HARRISONBURG 2020 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 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: _____

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

2020 Appealed Assessed Value: _____ New 2020 Assessed Value: _____

To be filled out by the Board of Equalization

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

Assessment 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: _____

VOTES: _____ YES _____ NO

Improvement Value: _____