



Telephone: (757) 868-3080
Email: assessor1@poquoson-va.gov

Date Received: ____/____/____

*****APPLICATION DEADLINE IS MARCH 29, 2025*****

Under state law, financial impact and/or the rate of value change is not sufficient grounds for appeal. As required, the city's assessment is an estimate of fair market value as of January 1, 2025. Appeals should be based on at least one of the three categories noted below. Check one or more for your appeal basis.

OWNER/APPLICANT INFORMATION (must be completed by all owners or applicants)

<i>Based upon this appeal information, I believe the proper assessment of this property effective July 1, 2025 should be</i>		
Land:	Improvements:	Total:
I hereby certify that the facts contained herein and attached hereto are true, accurate and correct to the best of my knowledge and belief.		
Given under my hand this _____ day of _____, 20____		
Signature of Applicant/Owner: _____		
Print Name of Applicant/Owner: _____		
Phone: Day: () _____ Other: () _____ E-Mail: _____		
Applicant/owner Mailing Address (if different from property address): _____		
CHECK ONE: _____ I AM THE OWNER OF RECORD _____ I AM NOT THE OWNER OF RECORD		

Physical characteristics of Properties being appealed (Please verify all: “n/a” if not applicable):			
Year Built:		Total number of fireplaces: (incl. basement)	
Year house remodeled & cost:		Central heat and air: (yes or no) <input type="checkbox"/> Heat pump <input type="checkbox"/> Wall/Floor Furnace <input type="checkbox"/> Hot Air Ducted <input type="checkbox"/> Oil	
Year kitchen remodeled & cost:		<input type="checkbox"/> Hot Water Baseboard <input type="checkbox"/> Stove (for heat) <input type="checkbox"/> Gas <input type="checkbox"/> Other	
Year bath/baths remodeled & cost:		<input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Central Air Conditioning System	
Total number of rooms:		Size of basement rec. room (square feet)	
Total number of bedrooms: (include room above garage w/ closet)		Second kitchen: (yes or no)	
Total number of full bathrooms w/ tub or shower incl. basement):		Elevator (yes or no)	
Total number of half-bathrooms (incl. basement):		Utilities (circle) Water Sewer Gas Septic Well	
Sale information on Property Being Appealed:			
Most recent sale date and price:			
Has the property been under appeal been listed for sale in the last 3 years (yes or no– provide dates and prices)			
Has the property under appeal been professionally appraised in the last 3 years (list appraised value and date; submitting a copy of the appraisal may help expedite the review			
Comparable Properties (attach additional pages to submit more comparables or other comments):			
Provide information below relating to properties with characteristics, assessments of sales prices that support your assessment appeal.			
Assistance information is noted at the bottom of this page			
Property Address	Comparable #1	Comparable #2	Comparable #3
Tax Map Number:			
Land Assessed Value:			
Improvement Assessed Value:			
Total Assessed Value:			
Sale Date:			
Sale Price:			
Style:			
Model Name:			
Comments: (attach additional pages if necessary)			

☐ **Would prefer a phone meeting** ☐ **Schedule a face to face meeting**

You will receive a written response to your appeal (No change in assessment or change in assessment, reduced or raised) You have a right to examine in the Assessor's Office, the property's information card used to derive the assessment of the property.