



FY2026 BOARD OF EQUALIZATION APPLICATION

City of Poquoson
Office of the City Assessor
500 City Hall Avenue
Poquoson, Virginia 23662

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

Tax Map Number

ASSESSOR OFFICE USE ONLY

Appeal Number: _____

Date Received: _____/_____/_____

*******APPLICATION DEADLINE IS APRIL 18, 2025*******

Address of Property BeingAppealed:

Building Name (if any):

Property Owner's Names:

FY 2026 Assessment

Notice Values : Land: _____ **Improvements:** _____ **Total:** _____

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.

<input type="checkbox"/>	Fair Market Value: This property is assessed greater or less than its Fair Market Value as indicated by a review of comparable properties (See reverse form)
<input type="checkbox"/>	Lack of Uniformity: This property is assessment is out of line generally with similar properties
<input type="checkbox"/>	Errors in Property Description: Assessment is based upon inaccurate information concerning this property such as lot size, square footage, condition of property, flood plain, topography, zoning, etc. (List accurate property characteristic details on the reverse side of this form).

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

Based upon this appeal information, I believe the proper assessment of this property effective January 1, 2025 should be

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

*If applicant is not the owner of record, application must include an Original Letter of Authorization from the owner, signed prior to date of application, wither notarized or on owner's commercial letterhead. Two most recent annual income/expense surveys along with current rent roll must be submitted with appeals on income producing properties.

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 <input type="checkbox"/> Hot Water Baseboard <input type="checkbox"/> Stove (for heat) <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Central Air Conditioning System				
Year kitchen remodeled & cost:					
Year bath/baths remodeled & cost:					
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 BeingAppealed:

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.**