

APPLICATION TO THE BOARD OF EQUALIZATION 2020 GENERAL REASSESSMENT

NORTHAMPTON COUNTY
P O BOX 65
EASTVILLE VA 23347
757 678-0446

DATE APPLICATION RECEIVED _____
(Use one form for each parcel appealing):

OWNER'S NAME _____ (As listed on Land Book)

OWNER'S ADDRESS _____

Address of Property _____

Tax Map Number _____

Reason for Appeal (Check all that apply): () Land Value; () Building Value; () Total Value

REQUIRED:

Signature _____ Date _____
Owner, Agent or Officer of Company

Telephone: Home _____ Work _____ Cell _____

(An Agent or Representative appearing on behalf of the property owner must have a signed letter of authorization by the Property owner submitted with the application for review).

Basis for Appeal

List comparable or similar properties within Northampton County, Va. for Board to review: (by Tax Map Number)

1. _____ 2. _____
3. _____ 4. _____

FOR OFFICE USE ONLY

Date of Hearing: _____ Time of Hearing: _____

PLEASE MAIL TO:

COMMISSIONER OF REVENUE
PO BOX 65
EASTVILLE, VA 23347