



**County of Pulaski
Office of the County Assessor**

RETURN TO:
COMMISSIONER OF THE REVENUE
OFFICE OF THE COUNTY ASSESSOR
52 WEST MAIN STREET, SUITE 200
PULASKI, VIRGINIA 24301-5044

Tax Map Reference Number
- - - - -

Administrative Use Only	
AP-	Rcv Stamp
Initial Assmt Date: _____	
Clerk: _____	

Phone: 540-980-7753 E-mail: assessor@pulaskicounty.org
Assessment Database: <https://www.pulaskicounty.org/parcels>

APPLICATION FOR REAL ESTATE APPEAL
APPEAL DEADLINE: SEE MAILED ASSESSMENT CHANGE NOTICE

Legal Ownership (As of January 1)	
Name of Legal Owner: _____	
Agent's Name (If Applicable): _____	
Mailing Address: _____	Address Update <input type="checkbox"/>
Phone Number: _____	
E-mail Address: _____	

Real Estate Information			
Property Street Address: _____			
Property Location (City): _____		Property ZIP Code: _____	
Current Assessment Values	LAND: _____	IMPROVEMENTS: _____	TOTAL: _____

Under Virginia state law, financial impact and/or the rate of value change are not sufficient grounds for appeal. As required, Pulaski County's assessment is an estimate of Fair Market Value. 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: The property is assessed greater than or less than its Fair Market Value as indicated by a review of comparable properties (complete additional information on reverse)
<input type="checkbox"/>	LACK OF UNIFORMITY: The property assessment is out of line generally with similar properties (complete additional information reverse)
<input type="checkbox"/>	ERRORS IN PROPERTY DESCRIPTION: The property assessment is based upon inaccurate information concerning this property such as land acreage, condition of property, building square footage, number of bedrooms, special features, etc. (list accurate property characteristic details on the reverse side of this form)

Owner/Applicant Information		
<i>Based on the appeal information provided with this form, I believe the proper assessment of this property should be:</i>		
LAND: _____	IMPROVEMENTS: _____	TOTAL: _____
I hereby certify that the facts and information contained herein and attached hereto are true, accurate, and correct to the best of my knowledge and belief. I believe I have a justifiable concern and I will assist the County Assessor and the Commissioner of Revenue by providing any and all pertinent information that might have an impact on my assessment. I further agree that site visit(s) may be required to evaluate information contained herein or currently on file.		
Given under my hand this _____ day of _____, 20_____.		
Signature of Applicant: _____		
Print Name of Applicant: _____		
Signature of Owner: _____		

ALL APPLICATIONS MUST BE FILED BY THE OWNER OF RECORD OF THE SUBJECT PROPERTY. PARTIES WHO HAVE ACTUALLY PAID TAXES ON THE SUBJECT PROPERTY MAY FILE AN APPLICATION AS LONG AS THE OWNER PROVIDES CONSENT BY SIGNING THIS FORM.
INCOME PRODUCING PROPERTIES: Include current rent roll and income and expense (I&E) statements for the past two years.

-Information on reverse required before submitting appeal-

Physical Characteristics of Property Being Appealed (*required to verify accuracy of data regarding your Property Record Card*):

Year Built: _____ Foundation Type: Slab Crawlspace Basement Other _____

Please indicate the percent (%) on each level:

Exterior Finish	Bsmt	1st	2nd	3rd
Vinyl				
Brick or Stone				
Wood				
Cement Fiber (Hardie Board)				
Concrete or Block				
Other _____				
TOTAL	100%	100%	100%	100%

Please indicate the percent (%) on each level:

Interior Flooring	Bsmt	1st	2nd	3rd
Carpet				
Hardwood				
Luxury Vinyl Plank (LVP)				
Tile				
Marble or Slate (circle)				
Concrete				
Other Flooring _____				
TOTAL	100%	100%	100%	100%

Please indicate the number (#) on each level:

Rooms	Bsmt	1st	2nd	3rd
Kitchen				
Living Room				
Dining Room				
Family Room				
Den				
Great Room				
*Bedrooms				
*Other (fin) _____				
*Other (unfin) _____				
Basement	_____ % Finished _____ % Unfinished			

Please indicate the number (#) of baths on each level and flooring in each.

Baths & Special Plumbing	Bsmt	1st	2nd	3rd
2 Plumbing Fixture Bath & Flooring Type	_____	_____	_____	_____
3 Plumbing Fixture Bath & Flooring Type	_____	_____	_____	_____
4 Plumbing Fixture Bath & Flooring Type	_____	_____	_____	_____
Special Plumbing Fixtures & Flooring Type	_____	_____	_____	_____

*If finished room has closet, count as *bedroom* above;
*If room is finished without closet, count as *other (fin)* above;
Rooms over garage should be counted using these guidelines.

Remodeling & Additions Description	Year	Cost

Additional Items Present (and Quantity)	Yes/No	Qty
Fireplace (specify type _____)		
In-ground Pool (gallons _____)		
Detached Garage (sq footage _____)		
Shed (over 200 sqft)		
Elevator		
Generator (Rated kW _____)		
Solar (Rated kW _____)		

Comparable Properties (*attach additional pages to submit more comparables or other comments*):

Provide information below relating to properties with characteristics, assessments, or sales prices that support your assessment appeal. Please note: assessment values are based on comparable sales which occurred prior to January 1, 2021. Therefore, only sales of similar properties that occurred prior to January 1, 2021 can be considered with this appeal. New construction values are based on data prior to this date and may not reflect recent sale prices.

	COMPARABLE #1	COMPARABLE #2	COMPARABLE #3
Property Address:	_____	_____	_____
Tax Map Number:	_____	_____	_____
Land Assessed Value:	_____	_____	_____
Improvement Assessed Value:	_____	_____	_____
Total Assessed Value:	_____	_____	_____
Sale Date:	_____	_____	_____
Sale Price:	_____	_____	_____
Style:	_____	_____	_____
Attach any additional information and/or comments if necessary			

Mail your completed and signed appeal, with all supporting documentation to the address provided on the front of this document. You may email your appeal to assessor@pulaskicounty.org. **Please note the deadline provided on your assessment change notice; appeals must be recieved by 5:00 PM on the date indicated with your most recent change notice.** You will receive a written response in the form of a second assessment change notice. This change notice will be highlighted with red and contain your previous assessed value as well as the affirmed or adjusted value based on this appeal.

You have a right to examine in our office the Property Record Cards; working papers used to derive the assessment of your property, if any; and any available information regarding the methodology employed in the calculation of your property's assessment [VA Code §58.1-3331, subject to restrictions of VA Code §58.1-3].