



**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

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

Tax Map Reference Number
_____ - _____ - _____ - _____

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

**COMMERCIAL REAL ESTATE APPEAL
Office/Retail/Industrial/Other**

INSTRUCTIONS

Please complete the following pages if you are requesting an appeal of your commercial property assessment. Offices, retail, and all other commercial/industrial property (except apartments and hotels) should complete this form.

APPEAL DEADLINE: SEE MAILED ASSESSMENT CHANGE NOTICE

Please review your Property Record Card (PRC). Any clerical errors should be reported in Section 11.

Clerical errors discovered on the PRC may be reported to our office at anytime.

All information provided is considered confidential, per Virginia Code.

1. GENERAL INFORMATION (PROPERTY IDENTIFICATION)

Property Name		Owner/Agent	
Tax Parcel ID	Property Class/Type		

2. PROPERTY LOCATION

Street #	Street Name	Direction	Suffix
City			Zip/Postal Code

3. PROPERTY IMPROVEMENT INFORMATION

Owner Occupied (Yes / No)		Owner Occupied SqFt		
Year Built	Year Addition	Total Building Area	Total Leasable Area	Total Basement Area
Year Renovated	Finished Bsmt Area	Unfinished Bsmt Area	Bsmt Parking Area	
No. Stories	No. Elevators	No. Parking Spaces	No. Reserved/Rental Parking Spaces	

4. DEBT SERVICE INFORMATION (Previous 5-years)

Loan Amount	Loan Date	Term	Interest %	Payment (P & I)	Payment Frequency (Mo. or Annually)
#1					
#2					
#3					

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5. NEW CONSTRUCTION, CAPITAL IMPROVEMENTS/RENOVATIONS, DEFERRED MAINTENANCE, TENANT IMPROVEMENTS

Have there been Capital Improvements or Capital Renovations to the property over the past 2 years? Yes No If yes, please provide total cost and attach a detailed list.	
Does the property currently have any deferred maintenance? Yes No If yes, please provide the total cost to cure and attach an itemized list of the individual items along with cost estimates.	
What were the total Tenant Improvement Costs paid over the past 2 years?	
New Construction: Attach most recent Certificate of Payments (AIA documents G702 and G703) for all costs	

6. MARKET RENT, VACANCY, AND TENANT IMPROVEMENT ALLOWANCE

Current market rent per sq. ft.	
Space vacant and available for lease January 1 (current year)	
Space vacant and available for lease January 1 (prior year)	
Income loss from vacancy (current year)	
Income loss from vacancy (prior year)	
Please identify any bad debts expected to be paid this year	
Current tenant improvement allowance per sq. ft.	Relet New Lease
Identify tenant(s) leaving the property prior to their contracted lease expiration (attach more if necessary):	
Tenant Name	Reason for Leaving Leased SF
Contracted Lease Exp Date	Actual Date Vacated Buyout Amount
Is Tenant going to continue to pay the contracted rent?	Yes No
Tenant Name	Reason for Leaving Leased SF
Contracted Lease Exp Date	Actual Date Vacated Buyout Amount
Is Tenant going to continue to pay the contracted rent?	Yes No

7. PRIOR 2-YEARS ANNUAL INCOME (Indicate value is Estimated by checking box at right, per year)

Item	Amount (Year _____)	Value Imputed?	Amount (Year _____)	Value Imputed?
Primary Rental Income				
Sales of Utilities				
Rent Overage				
Common Area Maintenance Reimbursement				
Interest Income				
Insurance Reimbursement				
Operating Expense Reimbursement				
Real Estate Tax Reimbursement				
Parking Income				
Telecommunications Income				
Other Rental Income (specify)				
Miscellaneous Income (specify)				
Total Annual Income				

8. PRIOR 2-YEARS ANNUAL OPERATING EXPENSES

Item	Amount (Year _____)	Value Imputed?	Amount (Year _____)	Value Imputed?
Water and Sewer				
Electricity				
Other Utilities (specify)				
Maintenance Payroll/Supplies				
HVAC Repairs				
Electric/Plumbing Repairs				
Elevator Repairs				
Roof Repairs				
Common Area/Exterior Repairs				
Decorating (carpet, paint, etc.)				
Other Repairs and Maintenance (specify)				
Management Fees (property-specific fees)				
Other Administrative/Payroll (specify)				
Janitorial/Cleaning				
Landscape/Grounds Maintenance				
Trash/Refuse				
Security				
Window Cleaning				
Snow Removal				
Other Services (specify)				
Insurance (annual)				
Other Taxes, Fees, HOA (DO NOT include real property taxes)				
Total Operating Expenses				
Net Operating Expenses (<i>Total Income Less Total Expenses before real property taxes</i>)				
Real Estate Taxes				

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9. COMMERCIAL TENANT RENT ROLL

Property Name	Tax Parcel ID	Property Type

Tenant Name/Unit #	Leased Floor Space (SF)	Lease Begin/End Dates (MM/DD/YYYY)	RENT		Rent Escalations % Fixed or CPI Factor	ANNUAL ADDITIONAL AMOUNTS				ADJUSTMENTS			
			Original Annual Base Rent Amount	Current Annual Rent Amount		Overage or % Rent	EXPENSE REIMBURSEMENTS & PASS THROUGHES			Mo. Free Rent	Total Leasing Commission	Landlord Paid Build-out Cost	
							Expense Stop (\$)	Amount Paid in Excess Expense Stop	Common Area Maintenance				R.E. Taxes (if separate)

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10. ADDITIONAL COMMENTS

Please include any details you feel are necessary for the valuation of this property:

11. PROPERTY RECORD CARD

Please note any inaccurate information or clerical errors found on the PRC for this real estate:

12. CERTIFICATION

OFFICIAL REQUEST: TITLE 58.1-3294 CODE OF VIRGINIA

State law requires certification by the owner or official authorized representative

Name of Management Company		Contact Person	
Street #	Street Name/P.O. Box		
Unit/Suite/Floor	City	State/Country	Zip/Postal Code
Phone Number (incl. area code)		Email Address(es)	
All information including the accompanying schedules, statements, and attachments have been examined by me and to the best of my knowledge and belief are true, accurate, and complete.			
Signature		Date	
Printed Name		Title	

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