



For BOE use only:

TM# \_\_\_\_\_

Owner Last Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

## APPLICATION TO THE BOARD OF EQUALIZATION

County of Madison

RETURN TO: BOE, PO Box 56, Madison, VA 22727

(540) 948-7590

### USE ONE FORM FOR EACH PARCEL APPEALING

OWNER'S NAME: \_\_\_\_\_ (As listed on Land Book)

OWNER'S MAILING ADDRESS: \_\_\_\_\_

Address of property if different from above:

\_\_\_\_\_

Tax Map Number: \_\_\_\_\_

**Basis for Appeal (check):** ( ) Assessed Land Value; ( ) Assessed Building Value; ( ) Lack of Uniformity; ( ) Errors in Description

### REQUIRED:

\_\_\_\_\_  
Signature of Owner, Taxpayer or Officer of Company

Date: \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Notary: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

(Notarized application required when an Agent or Representative is appearing on behalf of the property owner: A signed letter of authorization by property owner must be submitted along with application for review).

**Optional Information.** Explain any condition, issues, unusual circumstances or other reason to support value conclusion.

Please attach succinct and relevant information on 8 ½ x 11 paper (unbound for photocopying).

List comparable or similar properties for Board to review: (by Tax Map Number)

1) \_\_\_\_\_

2) \_\_\_\_\_

Date of Hearing: \_\_\_\_\_ Time of Hearing: \_\_\_\_\_