

**APPLICATION TO THE  
NORTHAMPTON COUNTY  
BOARD OF EQUALIZATION**

757 678-0446

DATE APPLICATION RECEIVED: \_\_\_\_\_  
*(USE ONE FORM FOR EACH PARCEL APPEALING)*

OWNERS NAME \_\_\_\_\_  
*(AS LISTED ON LAND BOOK)*

OWNERS ADDRESS \_\_\_\_\_

Address of Property if different from above:

\_\_\_\_\_

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

Reason for appeal: ( ) Land Value ( ) Building Value ( ) Total Value

other reasons for appeal \_\_\_\_\_

\_\_\_\_\_

List of Comparable or similar properties for Board to consider:

Owner \_\_\_\_\_ Map Number \_\_\_\_\_

Owner \_\_\_\_\_ Map Number \_\_\_\_\_

Owner \_\_\_\_\_ Map Number \_\_\_\_\_

REQUIRED:

Date \_\_\_\_\_

\_\_\_\_\_  
*Signature of owner, taxpayer, officer of company, agent or representative*

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

*(Agent or representative appearing on behalf of the property owner. A signed letter of authorization by the property owner must be submitted along with application for review.)*

DATE OF HEARING: \_\_\_\_\_ TIME OF HEARING: \_\_\_\_\_