APPLICATION TO THE BOARD OF EQUALIZATION
2018 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: ____________________________

02/2018