



APPEAL APPLICATION

This application may only be required by local ordinance

APPLICATION TO THE BOARD OF EQUALIZATION

County/City of King William Board of Equalization Address 180 Horse Landing Rd. #4

King William, VA 23086

Telephone No: _____

DATE APPLICATION RECEIVED: _____

(Use one form for each parcel appealing):

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

OWNER'S ADDRESS: _____

Address of Property if Different from above:

Tax Map Number: _____

Reason for Appeal (Check): Land Value; Building Value; Total Value

REQUIRED:

Signature of Owner, Taxpayer or Officer of Company Date: _____

Telephone (home) _____ (work) _____

(An Agent or Representative 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:

Other reasons: _____

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

1) _____

2) _____

Date of Hearing: _____ Time of Hearing: _____