

PETITION FOR REVIEW OF PROPERTY APPRAISAL

THIS COMPLAINT WILL NOT BE REVIEWED UNLESS FILLED OUT IN DETAIL

ANY PETITION FILED WITH THE ASSESSOR MUST BE FILED WITHIN 8 BUSINESS DAYS OF RECEIVING A NOTIFICATION OF INCREASE

Filed with: State Tax Commissioner _____ Assessor of KANAWHA County **Date** _____

Complainant: _____ **Mailing Address:** _____ **Phone:** _____

Type of Property: Residential ____ Commercial ____ Industrial ____ Natural Resources ____ Real ____ Personal ____

Type of Complaint: Valuation ____ Classification ____

Property Assessed in the Name of: _____ Account # _____

Address of Property: _____

District _____ Map _____ Parcel _____ Acres _____ Description _____

Purchase Price \$ _____ Date of Purchase _____ Property Insured for: \$ _____
Appraised Value Current Year \$ _____ Appraised Value Prior Year \$ _____ Complainant's Value \$ _____
Do you have a recent appraisal? Y ____ N ____ If yes, what is the amount of the appraisal \$ _____ Date of Appraisal _____

REASON AND BASIS FOR COMPLAINT

Please state the reason and basis for this complaint. In order to be considered the complainant must provide substantial information that justifies the complainant's opinion of value or classification.

Cost Data: Replacement Cost or Cost to Build or Rebuild the Property \$ _____ True and Actual Value of the Land \$ _____

Income Data: Attach income and expense data relating to the property for the three most recent consecutive fiscal years.

Market Data: List below the true and actual value of three comparable properties in the same geographic area.

- 1 _____
- 2 _____
- 3 _____

I do hereby certify that the above statements are true to the best of my knowledge and ability and that all questions on this petition pertaining to the property have been answered.

Signature of Complainant