



City of Manassas, Virginia

Office of the Commissioner of Revenue
Real Estate Assessments
9027 Center St. Room #301
703/257-8263

FOR ADMINISTRATIVE REVIEW OF FY20 REAL ESTATE ASSESSMENT DEADLINE FOR FILING

This office should receive this completed form **containing all documentation you wish this office to consider, on or before April 1, 2019.**

INSTRUCTIONS FOR FILING

This form is to be used to request a review of your real estate assessment by the Office of the Commissioner of Revenue. If you feel your property is appraised above or below its Fair Market Value, or that your assessment is not equitable with similar properties, or is otherwise erroneous, you should file this form.

Be as specific as possible as to why your assessment is **(1) above or below market value and/or (2) inequitable when compared to similar properties.**

FOR ALL APPLICANTS: **You must submit all information to support your appeal with this application.** Typically such information includes, but is not limited to, physical description of property and its condition, recent sales and appraisals to support your estimate of fair market value. Equity comparisons should include comparisons to similar properties to show any inequality. Please submit any information that you feel is relevant to your assessment. Copies of your assessment worksheets are available upon request. Upon completion of review by this office, you will be notified whether your assessment has been lowered, raised or affirmed.

FOR COMMERCIAL/INDUSTRIAL APPLICANTS: If your appeal is based upon the income & expenses of a property, you must have responded to the request from our office pursuant to Code of Virginia §58.1-3294. **Otherwise such information may not be considered on your appeal.** If you use other economic information to appeal an assessment its source must be documented for verification by our office.

AGENT OR REPRESENTATIVES: If a review is being filed by anyone other than the legal owner of the property a **Letter of Authorization** must accompany the review form. The requirements for this letter are within this review package.

Please note that this is **NOT** a Board of Equalization appeal form. The Board is independent of this office. Appeal forms for the Board can be obtained through this office, the internet @ www.manassascity.org, or by contacting the Board's secretary at 703/257-8229. The deadline for the Board of Equalization is **May 1st, 2019**

If you have any questions concerning this application, please contact Real Estate Assessments at 703/257-8263.

FY20 LETTERS OF AUTHORIZATION FY20
NOTICE TO PROPERTY OWNERS AND AGENTS/REPRESENTATIVES

Property owners who wish to be represented by an agent or representative in matters concerning real estate assessments must provide a Letter of Authorization to the Commissioner of Revenue's Office. Copies of Authorizations are contained within this review package. (Please note this Letter of Authorization is not applicable for the Board of Equalization. They require their own Letter of Authorization.)

1. It must be an **original** document addressed to the Office of the Commissioner of Revenue of Manassas City. Faxes, Scanned Copies and E-mails are not acceptable.

2. It must identify the property by specifying:
 - a. The Owner of Record
 - b. The Manassas City Tax Map Number
 - c. The Assessment Year in Question (until further notice is not acceptable)

All of this information is contained on the assessment notice.

3. It must identify the agent/representative, including their name, address and telephone number.

4. It must be signed by the owner of record of the property, **in blue ink**, or, if titled in the name of a corporation, it must be signed, **in blue ink**, by an officer of the corporation authorized to act on its behalf. Management Companies and other third party signatures are not acceptable.

5. The signature line must include:
 - a. Signature of owner or officer
 - b. The name of the signer, printed or typed
 - c. The title of the signer
 - d. Day Time Phone Number
 - e. E-mail address optional, but requested

6. The signature must be notarized.

ALL APPEALS ON EQUITY MUST CONTAIN DETAILS TO SHOW THAT INEQUITY EXISTS BETWEEN THE SUBJECT AND SIMILAR PROPERTIES. ALL APPEALS BASED ON FAIR MARKET VALUE SHOULD FOLLOW ACCEPTED APPRAISAL GUIDELINES. ANY OPINION REGARDING REAL ESTATE VALUATION OR CONSULTING SHOULD BE PERFORMED IN ACCORDANCE WITH STATE LAWS.

CITY OF MANASSAS
Office of the Commissioner of Revenue
Real Estate Assessments
FY20 LETTER OF AUTHORIZATION FY20

AN ORIGINAL OF THIS FORM MUST BE SUBMITTED TO OFFICE OF THE COMMISSIONER OF REVENUE WITH REQUESTS FOR REVIEW OF ASSESSMENT AND REQUESTS FOR COPIES OF WORKSHEETS. IT MUST BE SIGNED BY THE OWNER OF RECORD OR, IF TITLED IN THE NAME OF A CORPORATION, BY AN OFFICER OF THE CORPORATION AUTHORIZED TO ACT ON ITS BEHALF. (AN ORIGINAL LETTER FROM THE OWNER MAY BE SUBSTITUTED FOR THIS FORM PROVIDED IT CONTAINS ALL OF THE INFORMATION REQUESTED BELOW.)

Please print or type all information except signature lines.

OWNER OF RECORD: _____

ADDRESS: _____

No. Street

City State Zip

Telephone (____) _____

Email (optional) _____

As owner(s) of the referenced property I(we) hereby appoint the following company or individual to represent me(us) as ad valorem tax agent with the Office of the Commissioner of Revenue. I (we) have reviewed my/our agents valuation and or opinions and are in agreement with same.

Name of Agent and Firm

Mailing Address

Telephone No.

City, State, Zip

E-Mail Address

Tax year for which this authorization is valid: _____

(Please cite specific year - "Until further notice" is not acceptable.)

TAX MAP NUMBER (ONE LETTER PER PROPERTY REQUIRED): _____

Property Address _____

Authorized Signature

(SEAL)

Print or Type Name of Signer

Title

State _____ County _____

The foregoing was acknowledged before me this _____ day of _____, _____.

Notary Public

My commission expires: _____

FY20 APPLICATION FOR ADMINISTRATIVE REVIEW OF ASSESSMENT

**(USE SEPARATE APPLICATION FOR EACH PARCEL)
(FORM MUST BE SIGNED BY OWNER OF RECORD)**

Return To:
City of Manassas, Virginia
Office of the Commissioner of Revenue
Real Estate Assessments Division
9027 Center St. Room # 301
Manassas, Virginia 20110
Telephone (703)257-8263

Owner(s) Name:		Tax Map No.
Mailing Address:		Assessment Year:
City:	State:	Zip Code:

(If Applicable) Represented By Or Firm Name:		
Requested Mailing Address:		
City:	State:	Zip Code:

(If represented by an agent a letter of authorization is required.)

THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY

Mortgage/Loan Information		Purchase Information	
Mortgage/Loan Date		Date Acquired	
Mortgage/Loan Amount	\$	Purchase Price	
Mortgage/Loan Rate		Arms Length Sale?	

Reason For Appeal:	<input type="checkbox"/> Disagree with Fair Market Value Estimate <input type="checkbox"/> Equity with Similar Property
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What Is Your Estimate Of Fair Market Value (To be determined is not Acceptable): \$ (All evidence must be submitted in detail to support either contention checked above.)
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I certify that the descriptions and statements contained in the application are true and accurate. If represented by an agent the owners agree with opinions and estimates put forth in this application.		
_____ Date	_____ Owners Name (Please Print) Telephone Number : Email Address:	_____ Signature
_____ Date	_____ Agents Name (Please Print) Telephone Number : Email Address:	_____ Signature

