



ACCOMACK COUNTY DEPARTMENT OF ASSESSMENT

23296 Courthouse AVE - Suite 106, PO Box 248, Accomac, VA 23301

Telephone: (757) 787-5729 / (757) 824-4455 FAX: (757) 789-3350

E-Mail: assessment@co.accomack.va.us Webpage: www.co.accomack.va.us/departments/real-estate-assessment

RESIDENTIAL ASSESSMENT APPEAL APPLICATION FORM

(Please use a separate application form for each parcel being appealed.)

Parcel Identification Number (PIN) / Tax Map Number: _____

Owner's Name: _____
(As listed on the real estate land book)

Owner's Mailing Address: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____ E-Mail: _____

Address of Property if different from mailing address above: _____

Purchase Price _____ Date of Purchase _____ Insured Value _____

Reason for appeal (Check): () Land Value, () Building & Improvements Value, () Total Value

I (we) hereby apply for a review of the 2026 Assessment for the following reason(s): (Check any or all.)

- () 1. The new assessment is in excess of Fair Market Value.
() 2. The new assessment is inequitable as compared to like properties.
() 3. Other (EXPLAIN FULLY.) (Use additional space provided on the back of this form and/or attach other sheets if necessary.)

Supporting Documentation: All available documentation such as insured value of buildings, construction costs, listing price if for sale and number of days on market (DOM), appraisals, sales or assessments of comparable properties, business or rental income, and any other information which supports your basis for appeal should be included with your application. (Please attach this information to your application.)

Comparables: List comparable properties supporting the assessment being in excess of Fair Market Value and/or not being uniform with those on similar properties. (Please identify by parcel ID/tax map number and/or physical address.)

Owner's Proposed Assessed Value for the Property: _____

Hearings: Please check one of the following:

- () I would like to schedule an appointment to appear in person and/or have my duly authorized representative appear to discuss the appeal.
() I would not like to schedule an appointment to appear in person and/or have my duly authorized representative appear to discuss the appeal.

Upon receipt of the completed application if a hearing in person is requested, you will be contacted notifying you of the date and time for which the in person meeting is scheduled to be held.

I do hereby certify that the above facts are true and correct to the best of my knowledge. Given under my hand the _____ day of _____, 2026.

Signature(s): _____

RESIDENTIAL ASSESSMENT APPEAL APPLICATION FORM

(Back of Form)

Parcel Identification Number (PIN) / Tax Map Number: _____

Owner's Name: _____