

DATE: MM/DD/YYYY



TAX ID NUMBER

2026 WISE COUNTY REASSESSMENT APPEAL FORM

Wise County Assessors Office

https://www.wisecounty.org/216/Assessment-Office

PO Box 1278

Telephone: 276-328-3556

Wise, VA 24293

Fax: 276-328-6937

assessor@wisecountyva.gov

In order to review your property, this application must be filled out in its entirety. Failure to complete this application will result in a rescheduled hearing.

Name of Legal Property Owner:
Name of Representative/Agent* Letter of Authorization must be attached by the land owner, giving you permission to discuss this appeal with our office
Mailing Address:
Physical Address of Property Being Appealed (if different from above)
Building/Business Name (if any):
Telephone Number:
Home: () Business: ()

Please note:

By submitting this application, you acknowledge that Virginia State Code § 58.1-3379B-C states "In all cases brought before the board, there shall be a presumption that the valuation determined by the assessor is correct...The burden of proof on appeal to the board shall be on the taxpayer to rebut the presumption and show by a preponderance of the evidence that the property in question is valued at more than its fair market value or that the assessment is not uniform in its application and that it was not arrived at in accordance with generally accepted appraisal practices, procedures, rules, and standards as prescribed by nationally recognized professional appraisal organizations such as the International Association of Assessing Officers (IAAO) and applicable Virginia law relating to valuation of property A different opinion of value WILL NOT alter the assessment. Only by providing evidence of an error can a change be made.

By submitting this application, you acknowledge that a review of the property in question may result in any of the following actions, in accordance with Code of Virginia § 58.1-3381:

- 1.) No Change in Value
2.) Assessment may Decrease
3.) Assessment may Increase

A separate application must be filled out for each parcel that is to be appealed.

To ensure that you can be scheduled for a hearing, please submit this application no later than 30 days after receipt of your notice of value. Postmarks will be accepted.

Grounds For Appeal

Please Select the Reason for Your Appeal:

	Does Not Represent a Fair Market Value. This property is not assessed at fair market value, as indicated by the comparable properties I have provided.
	Lack of Uniformity. This assessment is out of line with similar properties in the same area, as indicated by the comparable properties I have provided.
	Mistakes of Fact. The information used to assess the property was inaccurate, as indicated in the <i>facts about structure</i> section below. (Includes computation errors)

Owner's Opinion

Please Briefly Summarize the Reason(s) why you believe the Assessment in question is inaccurate: _____

In your opinion, what should the fair market value of this property actually be? \$ _____

Facts About Structure

Number of Stories _____

Square Footage of First Above Ground Floor _____

Square Footage of Basement (if present) _____

What is the finished square footage of basement area? _____

What is the finished square footage of attic space? _____

Number of Baths with a Shower OR Tub _____

Number of Baths with a Sink & Toilet only _____

Number of Fireplaces _____

Central Air Conditioning or Heat Pump Yes / No

Number of Attached Garages _____

Number of Attached Carports? _____

What type of Water supply? _____

What type of Sewer? _____

Is this property currently for sale? Yes / No

If Yes, what is the listing price: \$ _____

Has this property sold in the last 24 months? Yes / No

If Yes, what was the sale price: \$ _____

Has this property been appraised in the last 12 months? Yes / No

Have any structures been removed since our review? Yes / No

Is there any serious damage to the structure? Yes / No

If Yes, please describe and be prepared to provide evidence of damage.

COMPARABLE PROPERTIES

Please provide at least three properties whose location, characteristics, assessed value, or sales prices support your assessment appeal. You may use our online Real Estate records to obtain this information at:

<https://wisecountyva-web.tylerhost.net/assessor/web/>

Tax ID Number:	Owner's Name:	
Property Address:		
Distance from your property:		
Sale Date:	Sale Price:	Year Built:
Assessed Value of Land:	Assessed Value of Improvements:	
Size of Parcel (Total Number of lots/Acres):		
How do you feel that this property supports your appeal?		
Tax ID Number:	Owner's Name:	
Property Address:		
Distance from your property:		
Sale Date:	Sale Price:	Year Built:
Assessed Value of Land:	Assessed Value of Improvements:	
Size of Parcel (Total Number of lots/Acres):		
How do you feel that this property supports your appeal?		
Tax ID Number:	Owner's Name:	
Property Address:		
Distance from your property:		
Sale Date:	Sale Price:	Year Built:
Assessed Value of Land:	Assessed Value of Improvements:	
Size of Parcel (Total Number of lots/Acres):		
How do you feel that this property supports your appeal?		

I certify that all the information contained in this application is true and accurate to the best of my knowledge, and that I have no intent to knowingly mislead or deceive any authorized representative of Wise County. I will assist the Assessor's Office by providing any and all pertinent information that might have an impact on my assessment. Furthermore, I certify that I am the owner of the property in question, or that I am a duly appointed representative of the owner.

Signature of Applicant:

Date:

_____ / ____ / _____