2026 REAL ESTATE ASSESSMENT REVIEW FORM

FOR OFFICE USE ONLY

Tracking #
Appraiser
Date Received

Albemarle County, Virginia
Office of the County Assessor
401 McIntire Rd., Room 243
Charlottesville, VA 22902
countyassessor@albemarle.org
434-296-5856 (p) 434-296-5801 (f)

Review Form must be RECEIVED or postmarked by March 2, 2026 (by 5:00 p.m.)

Please note: A separate review form is required for each property

An interior property inspection is required for a review to be completed.
An Appraiser will reach out to you to set up an inspection.*(see note below)

Parcel ID:	Property Address:
Vision ID:	Owner Name(s):
Mailing Address (Street):	
City, State, Zip:	

REASON FOR APPEAL (Please check appropriate box(es) and complete required field(s) - REQUIRED

1) ☐ **Fair Market Value** – use sales of comparable properties to contest your assessed value.
Note: Assessments in Virginia are required to be at 100% of Fair Market Value.

Parcel ID	*Address*	*Sale Date*	*Sale Price*

Comment:

Parcel ID	*Address*	*Sale Date*	*Sale Price*

Comment:

Parcel ID	*Address*	*Sale Date*	*Sale Price*

Comment:

2) ☐ **Uniformity** – use assessments of comparable properties to contest your assessment based on uniformity.

Parcel ID	*Address*	*Living Area*	*Lot Size*

Comment:

Parcel ID	*Address*	*Living Area*	*Lot Size*

Comment:

Parcel ID	*Address*	*Living Area*	*Lot Size*

Comment:

(Continued On Other Side)

3) ☐	Errors in Property Description – please let us know if data in our description is incorrect and we will make an appointment to confirm the information through a field visit, if necessary.

4) ☐	**Income and Expense Information** – Please provide 2022, 2023 and 2024 Income & Expense Statements if not previously provided. Applies to the valuation of certain income-producing properties.

Comments:

Opinion of Value by Owner or Agent as of January 1, 2026 *(required)*

Land:	Improvements:	Total:

Inspection appointments can only be made between Monday-Friday, 8:30 am and 4:00 pm.
If we do not receive a response within 15 business days of contacting you, your review will be canceled.

OWNER/AGENT INFORMATION

NOTE: If applicant is not the property owner or tenant, then applications must include an original **LETTER OF AUTHORIZATION** with notorized signature of owner or tenant stating current year of agency.

Owner, Agent or Tenant's Name:	Requestor's Signature:	
Date Signed:	Contact Phone Number *(required)*	Email Address *(required)*

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Appraiser's Comments:

Inspection Date: Appraiser's Initials:

Original Land Value		Adjusted Land Value	
Original Bldg Value		Adjusted Bldg Value	
Original Total Value		Adjusted Total Value	

Superviser's Initials: Assessor's Approval:

(Attach additional sheets as necessary)