

APPEAL APPLICATION TO THE BOARD OF EQUALIZATION

County of Bland

612 Main Street Bland, VA 24315

276-688-4291

Date Application Received: _____
(use one form for each parcel appealing)

Owners Name _____
(as listed in land book)

Owner's Address _____

Address of Property if different from above:

Reason for appeal (please circle) Land Value Building Value Total Value

Additional Information:

Other reasons:

List comparable or similar properties for Board to review: (By Tax Map Number)

- 1) _____
- 2) _____

_____ Date _____

Owner (Required)

Telephone (home) _____ (work) _____

(Owner's agent or representative appearing on behalf of the property owner: A signed letter of authorization by property owner must be submitted along with application for review.)

Date of Hearing: _____ Time of Hearing: _____

TAX MAP NUMBER: _____
