

# APPLICATION TO THE BOARD OF EQUALIZATION

County/City of Nelson Board of Equalization Address 84 Courthouse Square  
Lovington, VA 22949

Phone No:

DATE APPLICATION RECEIVED: \_\_\_\_\_ (Use one form for each parcel appealing):

OWNER'S NAME: \_\_\_\_\_ (As listed on Land Book)

OWNER'S ADDRESS: \_\_\_\_\_

Address of Property if Different from above:

Tax Map Number: \_\_\_\_\_

Reason for Appeal (Check): ( ) Land Value; ( ) Building Value; ( ) Total Value

REQUIRED:

\_\_\_\_\_  
Signature of Owner, Taxpayer or Officer of Company Date: \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Notary: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

(An 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).

Optional Information:

Other reasons: \_\_\_\_\_

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

1) \_\_\_\_\_

2) \_\_\_\_\_

Date of Hearing: \_\_\_\_\_; Time of Hearing: \_\_\_\_\_.