

# Commissioner of the Revenue

755 Roanoke St. Suite 1A  
Christiansburg, VA 24073  
www.montva.com



OFFICE OF  
HELEN P. ROYAL, MCR  
Master Commissioner

## APPEAL OF PERSONAL PROPERTY ASSESSMENT

### INSTRUCTIONS

Please review the form carefully and answer all questions. The condition of the item must be below average and must not be due to average wear and tear on the item. If the condition of the item is not restored, then an appeal form must be filed each year with the Commissioner of the Revenue by May 1st.

If the appeal form is filed within 10 days of the bill due date the entire bill should be paid to avoid penalty and interest. Any adjustments made will result in a refund or credit on another bill.

Return the form and all supporting documentation to the Commissioner of the Revenue, Attn: Personal Property Appeals, 755 Roanoke St, Suite 1A, Christiansburg, VA 24073

The information may be faxed to (540) 381-6838, emailed to royalhp@montgomerycountyva.gov, or returned in person to the Commissioner's Office.

OWNER'S NAME LAST FIRST MI			ACCOUNT #
MAILING ADDRESS			FEDERAL ID OR SS#
CITY STATE/ZIP			DAYTIME PHONE #
Email Address			
DESCRIPTION OF ITEM	YEAR	MAKE	MODEL
LICENSE PLATE #	ODOMETER READING AS OF JANUARY 1 OF TAX YEAR		RECEIVED DATE FOR OFFICE USE ONLY

### REASON FOR APPEAL

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Body Damage         | Is the item inoperative or junked?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Mechanical Problems | Is the item still titled at DMV or Game and Inland Fisheries? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Briefly describe the condition of the item and the reasons for appealing the current assessment. Attach all necessary documentation detailing the condition of the vehicle, repair estimates and photographs. Attach additional sheets if necessary. **The appeal will be denied if supporting documentation is not included with the appeal form.**


OWNER CERTIFICATION	FOR OFFICE USE ONLY	
I certify that the above statements of fact are true to the best of my knowledge.	Original Assessment	
	Less Appeal Adjustment	
	Reassessed Value	
SIGNATURE	Authorized By	
DATE		