**FRANKLIN COUNTY PROPERTY VALUATION**

**RESIDENTIAL PROPERTY REVIEW REQUEST FORM**

Per Statute, ALL FORMS must be received on or before **MAY 20, 2024,** to be considered for this tax year.

DATE OF REQUEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARCEL ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred method of contact: Phone / E-mail

Please select which applies to you: \*

\_\_\_\_ I am/was the property owner as of January 1, 2024

\_\_\_\_ I am an authorized representative (Letter of Authorization must accompany form)

PVA'S VALUE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OWNER OPINION OF VALUE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This is the value at which you believe you could sell the property for.) \*REQUIRED FIELD\*

Why do you feel the property’s value should be adjusted? Are there any internal or exterior conditions that are or would affect the value? Please explain below.

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You **MUST** include **SUPPORTING DOCUMENTATION** labeled with the Parce lD or Property Location for the review to be granted. Types of documentation would include, but not be limited to, current appraisals within the last 18 months, sales of comparable properties, current insurance policy showing replacement cost, current realtor listings, Comparative Market Analysis (CMA), pending contracts, photos, contractor bids, and any other information you feel should be considered.

I hereby affirm that the information included herein or attached hereto is true and correct.

Signature of Property Owner or Designated Representative REV 04/29/2024