

DISTRICT OF COLUMBIA GOVERNMENT
Real Property Tax Appeals Commission
One Judiciary Square
441 4th Street, N.W. Suite 360N
Washington, D.C. 20001
202-727-6860 (office)
202-727-0392 (fax)



REAL PROPERTY TAX APPEALS COMMISSION

REAL PROPERTY ASSESSMENT APPEAL FORM

TAX YEAR _____

PRINT OR TYPE ALL ITEMS NUMBER 1-9. APPEALS MUST BE FILED NO LATER THAN 45 DAYS FROM THE DATE OF FIRST-LEVEL DECISION
(EACH APPEAL MUST INCLUDE 1 ORIGINAL AND 4 COPIES)

1. PETITIONER'S NAME AND MAILING ADDRESS:

Name _____
Street _____
City _____
State _____ Zip _____

2. NAME AND ADDRESS OF OWNER:

Name _____
Street _____
City _____
State _____ Zip _____

FROM YOUR "REAL PROPERTY PROPOSED ASSESSMENT NOTICE"

3. Square _____ Suffix _____ Lot _____

Type of Property (res., etc.) _____
Class _____
Premises Address _____
Neighborhood Code _____
Your Estimate of Value _____

4. ASSESSED VALUE OF TAX YEARS:

	Last Year _____	Proposed TY _____	First Level Assessment Appeal Decision
Land	_____	_____	_____
Building	_____	_____	_____
Total	_____	_____	_____

ATTACH COPIES OF INFORMATION ON VALUE OF PROPERTY, INCLUDING APPRAISALS, SALES DATA, PICTURES, ETC.

5. BASIS OF APPEAL

(Check appropriate items)

- A. Property Damage or Condition
- B. Disputed Property Record
- C. Equalization – (higher or lower than other properties of same size or type)
- D. Valuation – (more than 5% higher or lower than correct market value)
- E. Classification Incorrect

6. PROPERTY VALUE INFORMATION

Has property been privately appraised? _____
If appraised prior to January 1st, attach a copy with the appeal.

Purchase Price of Property \$ _____
Date of Purchase _____

7. STATE THE JUSTIFICATION FOR YOUR APPEAL (Attach additional or supporting documents.)

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8. DO YOU REQUEST AN APPEARANCE BEFORE THE COMMISSION? (check one item) A. yes B. no

9. I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Making a false statement as to material facts is punishable by criminal penalties D.C. Code Section 22-2514.

Signature of OWNER _____ Home Phone _____ Office Phone _____
Fax Phone _____ E-mail Address _____
Date _____