

# 2010 Assessment Appeal Form

## Instructions:

Use this form to appeal your 2010 assessment by mail. Please return the completed form along with any documentation that supports your opinion of value to us by **May 12, 2010**:

**Jefferson County PVA Office  
Attn: Appeals  
531 Court Place, Suite 504  
Louisville, KY 40202-3393**

**We will return your Appeal Result by mail.**

If you are appealing your assessment in person, you can prepare your appeal by completing this form prior to your scheduled conference. Bring the completed form and any supporting documentation with you on the day of your meeting. To schedule a conference, please call us at **(502) 574-6224** during our weekday office hours of 8:00 a.m. to 4:00 p.m.

**Documentation that supports your opinion of value is required. Documentation submitted to the PVA is considered property of the PVA. Please retain a copy for your records prior to submission.** Examples include: a recent full appraisal of your property (appraisals should be dated within the last 2 years of the current assessment date), interior/exterior photos, your homeowner's insurance policy, your listing contract if your property is currently for sale, estimates of repairs, documentation of recent comparable sales (**not assessments**) that are similar to your property in size, condition, location and other characteristics (sales should be within the last 2 years of the current assessment date), and original construction costs or costs of additions or improvements to your property. Lease contracts and/or income and expense statements for the last three years for rental and/or commercial properties can also be provided.

If you are appealing based on comparable sales, you can use the attached **Residential Property Comparison Sales Worksheet**.

If you are appealing due to incorrect property characteristics, please make any corrections on the bottom half of your assessment notice (keep top portion for your records) and return it to us along with your appeal form.

If you are appealing based on income, you can use the attached **Income and Expense Worksheet**.

**Please Complete All Information:**

Parcel ID: \_\_\_\_\_

Property Owner's Name & Complete Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Address: \_\_\_\_\_

Is this Property Rented? \_\_\_\_\_

2010 PVA Assessment: \$ \_\_\_\_\_

Property Owner's Opinion of Value (Required): \$ \_\_\_\_\_

**Appeal Request**

I wish to appeal my assessment because:

\_\_\_\_\_

I, \_\_\_\_\_ certify that the information I have submitted on this form is true.

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

Property Owner's Daytime Phone: \_\_\_\_\_

**The property owner of record must execute this appeal form. Separate forms must be submitted for multiple parcels.**

If you would like to receive confirmation that we received your appeal, please indicate below how you would like to be notified (*check only one*):

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**This section must be completed and notarized if an attorney or third party is representing you.**

**Verification of Authorization**

I hereby verify, affirm and swear that I am the duly authorized attorney or agent for the property owner(s) of this parcel being appealed and I am authorized to Appeal the Property Assessment of said property to the Jefferson County PVA Office. I verify, affirm and swear that the statements made herein are true and correct.

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**Signature of Authorized Representative** **Date**

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**Printed Name of Authorized Representative**

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**Phone Number of Authorized Representative**

**Complete Mailing Address of Authorized Representative:**

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**Property Owner's Signature** **Date**

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ I hereby affirm this documentation was signed in my presence \_\_\_\_\_, My Commission expires \_\_\_\_\_.

## RESIDENTIAL PROPERTY COMPARISON SALES WORKSHEET

	Your Property	Sale #1	Sale #2	Sale #3
Property Address:				
Property Type: (Example: Bi-Level; Tri-Level; or Number of Stories)				
Exterior Construction:				
Property Use: (Example: Residential)				
Lot Size:				
Total Square Footage of Living Space:				
Garage (1 or 2 Car) or Square Footage:				
Year Built (or Age):				
Number of Bathrooms:	_____ FULL    _____ HALF			
Central Heat (Yes or No): Indicate Other Heat Type:	_____ YES    _____ NO Other: _____			
Central A/C:	_____ YES    _____ NO			
Other Improvements: (Example: Pool, Patio, Etc.)				
Sale Date:				
Property Value:	Assessed Value:	Sale Price:	Sale Price:	Sale Price:
Sale Price per Square Foot: (Sale Price divided by Living Space Square Footage)				
Additional Comments:				

### INSTRUCTIONS:

Complete this form if you are appealing your assessment based on comparable sales. The sales listed should be recent comparable sales (**not assessments**) that are similar to your property in size, condition, location and other characteristics. Sales should be within the last 2 years of the current assessment date.

To find sales, you can visit the Customer Service Department of the PVA Office and access our website at no cost. A fee is required for printouts. Our website is also available at no cost at any branch of the Louisville Free Public Library. Sales can also be obtained from local real estate agents, real estate appraisers, mortgage brokers and newspapers.

**INCOME & EXPENSE WORKSHEET - IRS TAX RETURNS OR MGMT STATEMENTS MUST BE SUBMITTED**

**OWNER NAME:** \_\_\_\_\_ **DATE OF THIS REPORT:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_ **TOTAL ASSESSMENT \$:** \_\_\_\_\_

**ATTENTION:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**PARCEL ID:** \_\_\_\_\_ **PROPERTY ADDRESS:** \_\_\_\_\_

**NUMBER OF BLDGS:** \_\_\_\_\_ **TOTAL SQ. FT.** \_\_\_\_\_ **TOTAL # OF UNITS:** \_\_\_\_\_

INCOME:	YEAR 1	YEAR 2	YEAR 3
POTENTIAL GROSS INCOME: (PGI)			
VACANCY & COLLECTION LOSS: (. )			
MISCELLANEOUS INCOME:			
<b>EFFECTIVE GROSS INCOME: (EGI)</b>			
OPERATING EXPENSES:	YEAR 1	YEAR 2	YEAR 3
ADVERTISING & PROMOTIONS:			
CLEANING:			
INSURANCE:			
MAINTENANCE & REPAIRS:			
MANAGEMENT FEES:			
PROFESSIONAL FEES:			
SALARIES & COMMISSIONS:			
SECURITY:			
SUPPLIES:			
TRANSPORTATION:			
UTILITIES:			
YARD CARE:			
MISCELLANEOUS (EXPLAIN)			
<b>TOTAL OPERATING EXPENSES &gt;</b>			
<b>DO NOT INCLUDE DEBT SERVICE, DEPRECIATION, CAPITAL IMPROVEMENTS</b>			
	YEAR 1	YEAR 2	YEAR 3
<b>NET OPERATING INCOME:</b>			

<b>3 YEAR AVERAGE NET OPERATING INCOME</b>	
<b>CAPITALIZATION RATE</b>	
<b>AVERAGE NOI / CAP. RATE = VALUE:</b>	

**OWNERS DECLARATION OF FAIR MARKET VALUES \$** \_\_\_\_\_