

BOARD OF EQUALIZATION
P.O. BOX 98
STAFFORD, VA 22555-0098
CONTACT #: (540) 658-4132 #2
FAX: (540) 658-4120



FOR OFFICE USE ONLY
APPLICATION NO: _____
DATE RECEIVED: _____
APPOINTMENT: _____
DATE: _____
TIME: _____

INSTRUCTIONS TO APPLICANT

This application must be completed and either delivered to the Real Estate Section of the Stafford County Commissioner of the Revenue's Office, 1300 Courthouse Road, faxed to (540) 658-4120, or mailed to P. O. Box 98, Stafford, VA 22555-0098 at least one week prior to your scheduled hearing. In the case of written appeals, the deadline is a postmark date no later than June 19, 2026.

TO: THE STAFFORD COUNTY BOARD OF EQUALIZATION

The undersigned taxpayer respectfully makes application for the equalization of the assessment of the following described property.

DESCRIPTION OF PROPERTY (Please print or type all information)

Name of Property Owner: _____

Address of Property: _____

Property Description: _____

(Lot, Section, Subdivision)

TAX MAP NUMBER _____ and/or ALTERNATE PIN NUMBER _____

Present Assessment:

Land \$ _____ Improvements \$ _____ Total \$ _____

Reasons for requesting review including statement in full why you think the assessment of this property is out of proportion to other like surrounding property: _____

I request the assessment for the property be compared to the following described comparable property. (Comparisons limited to two parcels.)

1. Address _____ Tax Map or Alt. Pin Number _____

Present Assessment:

Land	\$ _____
Building	\$ _____
Total	\$ _____

2. Address _____ Tax Map or Alt. Pin Number _____

Present Assessment:

Land	\$ _____
Building	\$ _____
Total	\$ _____

I REQUEST THE ASSESSMENT TO BE ADJUSTED AS FOLLOWS:

Land from	\$ _____	to	\$ _____
Improvements	\$ _____	to	\$ _____
Total from	\$ _____	to	\$ _____

I certify that the descriptions and statements contained in this application are to the best of my knowledge both correct and true. Given under my hand this _____ day of _____ 2026.

Telephone:
Day _____
Evening _____

(Signature of Owner or Agent)

(Owner of Record Mailing Address: Street)

(City) (State) (Zip Code)

FOR OFFICE USE ONLY:

DATE REVIEWED _____

BOARD’S REVIEW _____

CURRENT ASSESSMENT		BOARD’S ASSESSMENT	
Land	\$ _____	Land	\$ _____
Building	\$ _____	Building	\$ _____
Total	\$ _____	Total	\$ _____

Date order Mailed (attach Copy of Order): _____



Commissioner of the Revenue

P.O. Box 98
Stafford, Virginia 22555-0098
Phone: 540-658-4132 option 2
Fax: 540-658-4120

REQUIREMENTS FOR VALID LETTERS OF AUTHORIZATION

In order for any party, other than the owner of record, to request specific property information, or to file a Review or Appeal of Assessment the owner of the property must first submit a Letter of Authorization.

1. Letter must be printed on the letterhead of the property owner.
2. The name of the person signing the letter must be printed below the signature.
3. If the person signing the letter is not the name on our ownership records, the signer must identify his and/or relationship to the owner of record.

(For instance, if the signer is an officer of a corporation which owns the property, he/she must state their title)
4. The signature of an officer of a management firm is insufficient. The signature must belong to the property owner.
5. All the properties to be represented must be identified by street address and map-block-lot number.
6. The tax year for which the authorization is granted must be specifically stated. The presence of the date when the letter is written is not sufficient. Authorization is not assumed by this office to exist in perpetuity example, (For example, "Authorization is granted to ABC Tax Representatives for the tax year 2014...")
7. Letters of authorization do not have to be notarized.