

COMMERCIAL/INDUSTRIAL PROPERTY REVIEW REQUEST FORM

If requesting review of more than one property, please submit on individual forms. All fields must be completed. If unknown, put "unknown". If not applicable: "N/A". Please keep a copy for your records. Please note that forms must meet statutory requirements to be considered for review.

Property Owner: _____ Date: _____
Property Representative: _____ (Letter of Authorization must be included)
E-mail: _____
Best Contact Phone: _____
Property Location: _____
PIDN: _____
(may be found on your tax bill)
Property Type: _____
(Retail, Ofc, Apts, Mixed, Vacant Land, etc..)



PER STATUTE, ALL FORMS MUST BE RECEIVED ON OR BEFORE MAY 21 TO BE CONSIDERED FOR 2018 ASSESSMENT YEAR

Year Built (est.) _____
Year Renovated _____
Building Area (sf) _____
Office Area (sf) _____
AvgRent (per sf) _____ Rent Type _____
Retail Area (sf) _____ (NNN,Gross,MOD,Utills, etc)
AvgRent (per sf) _____ Rent Type _____
Total Units _____ (NNN,Gross,MOD,Utills, etc)
#Eff _____ AvgSize _____ AvgRent _____
#1BR _____ AvgSize _____ AvgRent _____
#2BR _____ AvgSize _____ AvgRent _____
#3BR _____ AvgSize _____ AvgRent _____
#4BR _____ AvgSize _____ AvgRent _____

EMAIL: info.kentonpva@kentoncounty.org
FAX: 859-392-1770
HAND DELIVERY: 303 Court Street
Room 210
Covington, KY 41011

OWNER OPINION OF VALUE \$ _____ (REQUIRED)
INS VALUE \$ _____
PVA VALUE \$ _____

Information To Support Owner Opinion of Value:

Additional documents may be submitted in support of your value, such as a recent appraisal or MLS listing, Operating/Income statements for current and previous years (if available). Please include the PIDN or property address on any documents being submitted with this Request.

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

Signature of Property Owner or Designated Representative _____

rev.4-9-2018

FOR OFFICE USE ONLY

Received By _____ Date Rcvd _____
Assessor _____ City _____ AVIS _____
New Total Value _____ Land Value _____ Impr Value _____ Assess Yr _____
Basis for Adjustment _____
Data Entry _____ Notice Yes _____ No _____ Deletion _____ Bldg Cond _____