



COMMISSIONER OF REVENUE  
 P.O. BOX 99  
 NEW KENT, VA 23124  
 PHONE (804) 966 – 9611  
 FAX (804) 966 – 5562

# 2018

OFFICE USE ONLY
Date Completed:

## Commissioner of Revenue Factual Error Form

Property Address	PID #	Tax Map #

### Building Information – Exterior Characteristics

*Check all that apply*

Exterior Wall 1	Exterior Wall 2	Roof Structure	Roof Type
<input type="checkbox"/> Aluminum <input type="checkbox"/> Brick <input type="checkbox"/> Cedar <input type="checkbox"/> Cement Board <input type="checkbox"/> Logs <input type="checkbox"/> Stone <input type="checkbox"/> Vinyl <input type="checkbox"/> Other: _____	<input type="checkbox"/> Aluminum <input type="checkbox"/> Brick <input type="checkbox"/> Cedar <input type="checkbox"/> Cement Board <input type="checkbox"/> Logs <input type="checkbox"/> Stone <input type="checkbox"/> Vinyl <input type="checkbox"/> Other: _____	<input type="checkbox"/> Flat <input type="checkbox"/> Gable <input type="checkbox"/> Gambrel <input type="checkbox"/> Hip <input type="checkbox"/> Salt Box <input type="checkbox"/> Other: _____	<input type="checkbox"/> Asbestos Shingles <input type="checkbox"/> Comp Shingles <input type="checkbox"/> Dimensional Shingles <input type="checkbox"/> Metal <input type="checkbox"/> Roll Comp <input type="checkbox"/> Other: _____

### Building Information – Age and Square Footage

Year Built: _____	SQFT: _____
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### Building Information – Interior Characteristics

*Check all that apply*

Interior Wall 1	Interior Wall 2	Interior Floor 1	Interior Floor 2
<input type="checkbox"/> Cinderblock <input type="checkbox"/> Paneling <input type="checkbox"/> Plaster <input type="checkbox"/> Sheetrock <input type="checkbox"/> Unfinished <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cinderblock <input type="checkbox"/> Paneling <input type="checkbox"/> Plaster <input type="checkbox"/> Sheetrock <input type="checkbox"/> Unfinished <input type="checkbox"/> Other: _____	<input type="checkbox"/> Carpet <input type="checkbox"/> Hardwood <input type="checkbox"/> Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Vinyl <input type="checkbox"/> Other: _____	<input type="checkbox"/> Carpet <input type="checkbox"/> Hardwood <input type="checkbox"/> Laminate <input type="checkbox"/> Tile <input type="checkbox"/> Vinyl <input type="checkbox"/> Other: _____

Heat Fuel/Source	Heat Type	AC Type
<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other: _____	<input type="checkbox"/> Baseboard <input type="checkbox"/> Forced Air <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other: _____	<input type="checkbox"/> Central <input type="checkbox"/> Heat Pump <input type="checkbox"/> Window Unit <input type="checkbox"/> Other: _____

Total Bedrooms	Total Bathrooms	Total Half Baths

Fireplace Quantity	Fireplace Type	<b>Comments</b>
	<input type="checkbox"/> Masonry <input type="checkbox"/> Pre-Fab	

Contact Information
Name
Email
Phone