

**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF FINANCE**



Board of Tax Review

Name of Property Owners: _____
(Please Print)

Address of Property (s):

Parcel (s) Identification No.

Mailing Address:

Appealing

Land Only

Building Only

Both

Condo

Reason for Appeal: (Use additional paper and attach if necessary)

Date

Signature of Owner or Representative

Please Print Names Here if Representative

Note: A taxpayer who shall file an appeal from an assessment against him shall pay to the Office of the Tax Collector, an amount equal to the full amount of the assessment for the tax year previous to that for which the assessment is being appealed plus 50% of the difference between the previous year's tax amount and the current tax year's amount (Act No. 6991)

FOR TAX REVIEW OFFICE ONLY:

Appeal # _____