

INFORMAL ASSESSMENT REVIEW FORM



You are not required to complete this form. This form is to be used only if you believe your property value is incorrect. The information you provide will be considered by our office.

Owner Name: _____
Folio Number: _____
Property Address: _____
City, State and Zip Code: _____ Phone Number: _____
Email: _____

Check the box that best describes the property:

RESIDENTIAL

- Single Family Condo Townhouse

If Residential, please mail form to:

Property Appraiser
of Miami-Dade County
Attention: Residential Department
111 NW 1st Street, Suite 710 Miami,
FL 33128-1984

COMMERCIAL, INDUSTRIAL & MULTIFAMILY

- Industrial Office Retail Apartments
 Vacant Land Hotel Other

If Commercial, please mail form to:

Property Appraiser
of Miami-Dade County
Attention: Commercial Department
111 NW 1st Street, Suite 710 Miami,
FL 33128-1984

This form may also be scanned and emailed to PAReview@miamidade.gov/pa.

Please provide comparable sales/listing of similar properties in your area:

Address	Sale Price	Sale Date	Folio Number

What is your opinion of market value, as of January 1st? Please provide any additional information to support your opinion.

If Commercial, please provide at least one of the following documents for the above-referenced property.

1. Rent Roll as of January 1st of current year. This should include the unit number, sizes, lease rates and terms.
2. Income and Expense (Operating) Statement for the most recent 12 months.

If Commercial, what is the total leasable area/rooms and the vacancy level? _____

Property Owner Signature

Date

You will be notified of the status of your property's review within 5 business days of receipt of this document.