



INFORMAL ASSESSMENT REVIEW FORM

MIAMI-DADE COUNTY
PROPERTY APPRAISER

PEDRO J. GARCIA
PROPERTY APPRAISER

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:

Miami-Dade County
Office of the Property Appraiser
Attention: Residential Division
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:

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

This form may also be scanned and emailed to PAReview@mdcpa.net.

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.