

APPLICATION TO APPEAL

Pursuant to § 12-111 of the State of Connecticut General Statutes, an application to appeal an assessment must be filed on or before **February 20th** (unless an extension has been granted in which case it would be March 20th)

Please note that this form must be completed in its entirety. The Board of Assessment Appeals does not have to give a hearing date to incomplete applications. Property owners owning more than one property, business or vehicle must file a separate form for each account appealed.

GRAND LIST YEAR:	LIST#:	REAL ESTATE DESCRIPTION: Property Address:
PROPERTY OWNER: Name: Address: City/State/Zip: Phone Number:		Map/Block/Lot: Assessment: PERSONAL PROPERTY DESCRIPTION: Master Number : DBA: Business Location: Bus. Phone Number: Assessment:
APPELLANT: (If someone other than owner) Name: Address: City/State/Zip:		MOTOR VEHICLE DESCRIPTION: Year of Vehicle: Make & Model: Plate/Marker #: Vehicle ID#: Assessment:
CORRESPONDENCE & CONTACT: Name: Address: City/State/Zip: Phone Number:		APPELLANT'S ESTIMATE OF VALUE:
REASON FOR APPEAL:		

SIGNATURE of property owner or duly authorized agent (attach evidence of authorization):

X _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Board of Assessment Appeals has scheduled an appointment as follows:

Date: _____ Time: _____ Appeal #: _____

Appeal Decision: _____

Board of Assessment Appeals (Signatures): _____

Date of Board's Decision: _____

DUE TO SCHEDULING PROBLEMS, APPOINTMENTS CANNOT BE CHANGED