

Board of Assessment Appeals

Pursuant to P.A. 95-283 of the State of Connecticut, an Application to appeal an assessment must be filed:

On or before February 20, 2019

Highlighted sections must be completed. The Board of Assessment Appeals does not have to give a hearing date to *incomplete applications*. Please print or type.

Applications may be sent to:

Board of Assessment Appeals
PO Box 96
Voluntown, CT 06384

Application to Appeal

<p style="text-align: center;">Property Owner:</p> <p>Name:</p> <p>Address:</p> <p>City/State/Zip:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Grand List of: 2018</td> <td style="width: 50%; padding: 2px;">List No:</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">Property Description:</td> </tr> <tr> <td colspan="2" style="padding: 2px;">No. & Street</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Map/Block/Lot</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Property Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> Industrial <input type="checkbox"/> MV <input type="checkbox"/> Personal Property</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Reason for Appeal:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Appellant's estimate of value:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">(attach documentation of value if applicable)</td> </tr> </table>	Grand List of: 2018	List No:	Property Description:		No. & Street		Map/Block/Lot		Property Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		<input type="checkbox"/> Industrial <input type="checkbox"/> MV <input type="checkbox"/> Personal Property		Reason for Appeal:		Appellant's estimate of value:		(attach documentation of value if applicable)	
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<p style="text-align: center;">Appellant:</p> <p>Name:</p> <p>Address:</p> <p>City/State/Zip</p>																			
<p style="text-align: center;">Correspondence & Contact</p> <p>Name:</p> <p>Address:</p> <p>City/State/Zip</p> <p>Phone No.</p>																			
Signature of Property owner or duly authorized agent (attach evidence of authorization)	Date																		

Board of Assessment Appeals has scheduled an appointment as follows:	Date	Time	Place

Appeal Summary: _____

Assessments:	Grand List	Board of Assessment Appeals
	Land _____	_____
	Building _____	_____
	Misc: _____	_____
	Total Re: _____	_____
	MV/PP: _____	_____

Board of Appeals signatures: _____ Date of Decision: _____

X _____ **X** _____ **X** _____