Voluntown Board of Assessment Appeals

Highlighted (grey) sections must be completed. The Board of Assessment Appeals is not obligated to grant hearings to incomplete applications Return As soon as possible

Applications may be sent to: Voluntown Board of Assessment Appeals PO Box 96 Voluntown, CT 06384

Application	to App	eal			
		Property Owner:		Date of Grand List:	List No:
Name					Property Description
Address				Year & Make	
City/State/Zip				Model & Reg #	
City/Butte/Zip				Vehicle	
		Appellant:		Identification #	
Name					
Address				Reason for Appeal:	
City/State/Zip					
	Cor	respondence & Conta	ct:		
Name					
Address				Appel	lant's estimate of value:
City/State/Zip					
Phone No.				(attach docun	nentation of value, if applicable)
E-mail					
Signature of Prop	oerty Owne	er or duly authorized agent	(attach e	vidence of authorization)	Date
X					
Summary of t	he Boar	d's decision:			
Assessments		Grand List	Во	ard of Assessment App	eals
Land					
Building					
Miscellaneous					
Total					
Motor Vehicle					
Personal Prop	erty				
	-	peals (signatures):			
X				_ X	
X				_ X	
X				_ Date of Board'	s decision:/