

# BOARD OF ASSESSMENT APPEALS

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

**between February 1 and February 20**

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

Application may be sent to:

Board of Assessment Appeals  
323 Route 81  
Killingworth, CT 06419

**Application to Appeal**

<b>Property Owner:</b>		Grand List of:	
Name		<b>Property Description:</b>	
Address			
City/State/Zip			
<b>Appellant:</b>		No. & Street	
		Map/Block/Lot (if available)	
		Property type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Property	
<b>Correspondence &amp; Contact:</b>		<b>Reason for appeal:</b>	
Name		<b>Appellant's estimate of value:</b>	
Address			
City/State/Zip			
Phone No.			
(attach documentation of value, if applicable)			
Signature of Property owner or duly authorized agent (attach evidence of authorization)			Date
X			

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**OFFICE USE ONLY:**

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

**APPEAL SUMMARY**

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Assessments	Grand List	Board of Assessment Appeals
Land	_____	_____
Building	_____	_____
Miscellaneous	_____	_____
Total	_____	_____
Motor Vehicle	_____	_____
Personal Property	_____	_____

Board of Assessment Appeals: (signatures)

X X

X Date of Board's Decision: