

## 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**. **Highlighted sections must be completed.** The Board of Assessment Appeals does not have to give a hearing date to incomplete forms. Please print or type applications. Taxpayers will be notified within 7 days prior to your scheduled hearing date.

Applications may be sent to:  
Board of Assessment Appeals  
P.O. Box 29, 26 North Main ST  
Marlborough, CT 06447

### Application to Appeal

<b>Property Owner</b>		Grand List of: _____ List No: _____	
Name		<b>Property Description:</b>	
Address		No. & Street	
City/State/Zip		Map/Lot	
<b>Appellant</b>		Property type:	
Name		Reason for appeal: (Please see proof)	
Address			
City/State/Zip			
<b>Correspondence &amp; Contact</b>			
Name		Appellant's estimate of Value:	
Address			
City/State/Zip		Signature of Property owner or agent	Date
Daytime Phone No.		X	
Home Phone No.			
Email Address			
Board of Assessment Appeals has scheduled		Date	Time
an appointment as follows:			Place

### APPEAL SUMMARY

ASSESSMENTS	GRAND LIST	BOARD OF ASSESSMENT APPEALS
Land		
Building		
Miscellaneous		
Total		
Motor Vehicle		
Personal Property		

X \_\_\_\_\_ X \_\_\_\_\_  
Date of Board Decision: \_\_\_\_\_