

**TOWN OF EAST HADDAM**

PROPERTY ASSESSMENT **APPEAL APPLICATION** TO THE BOARD OF ASSESSMENT APPEALS

INSTRUCTIONS: Please complete Section A of this application in it entirety. Please type or print legibly. Complete one form for **each** property account being appealed. **NOTE: COMPLETED FORM MUST BE RETURNED NO LATER THAN FEBRUARY 20, 2003 4:00 P.M. OR POSTMARKED NO LATER THAN FEB. 20, 2003. NO APPEAL WILL BE CONSIDERED UNLESS A WRITTEN APPLICATION IS SUBMITTED IN A TIMELY MANNER. (CONNECTICUT GENERAL STATUES § 12-111 AMENDED PA 95-283)** RETURN TO: BAA C/O ASSESSOR, PO BOX K, EAST HADDAM, CT 06423

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**SECTION A APPEAL APPLICATION**

Property Owner(s) \_\_\_\_\_

Name of signer of Application \_\_\_\_\_

Position of signer of Application: owner \_\_\_\_\_ agent \_\_\_\_\_ corp. officer (*identify*) \_\_\_\_\_

Property owner will be represented by: self \_\_\_\_\_ agent \_\_\_\_\_  
**(If by Agent, owner must complete authorization form on reverse side Section E)**

Name of person and address to which all notices and correspondence should be sent (list one address only):

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State, Zip Code*

Description of the property being appealed (location # and street address if real estate, year/make/marker # if motor vehicle)

\_\_\_\_\_

For the Grand List of October 1, \_\_\_\_\_ Real Estate \_\_\_\_\_ Motor Vehicle \_\_\_\_\_ Personal Property \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_

Appellant's estimate of value of the property being appealed: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Owner or Agent*  
**(Agent, if authorization form completed on back)**

\_\_\_\_\_  
*Date Appeal Signed*