

BOARD OF ASSESSMENT APPEALS
Application to Appeal Assessment

Pursuant to CT General State Statute §12-111, an application to appeal an assessment must be filed:

NO LATER THAN 4:00 PM February 20, 2021.

All sections must be completed. The Board of Assessment Appeals is not required to give a hearing date to incomplete applications. Please **print** or **type**.

Grand List Year: _____

Property Owner:

Name: _____
Address: _____
City/State/Zip: _____
Daytime Phone: _____
Email: _____

Appellant or Agent:

Name: _____
Address: _____
City/State/Zip: _____
Daytime Phone: _____
Email: _____

Description of Property (Check One): Personal Property _____ Real Estate _____

If Real Estate Please Complete This Section:

Number & Street: _____

Please Check One: _____ Residential _____ Commercial _____ Industrial

Reason for Appeal: _____

Appellant's estimate of value: _____

(attach any documentation which would aid you in supporting the estimate of value as of October 1, 2017 – date of last revaluation).

Signature of property owner or duly authorized agent
(attach evidence of authorization)

Date

APPLICATIONS MAY BE DELIVERED TO:

Mail Address: Assessor's Office P.O. Box 385 Moodus, CT 06469	In Person Address: Assessor's Office Municipal Office Complex 1 Plains Road Moodus, CT 06469	Phone: 860-873-5026
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To be completed by the Board of Assessment Appeals only

Board of Assessment Appeals has scheduled an appointment as follows:

APPEAL NO: **DATE:** **TIME:** From: **P.M.** To: **P.M.**

PLACE OF HEARING: