

**BOARD OF ASSESSMENT APPEALS**  
**Application to Appeal Motor Vehicle Assessment**

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

**All sections must be completed.** Please bring completed application including vehicle with you at time of hearing.

Please **print** or **type**.

**Grand List Year:** \_\_\_\_\_

**Registered Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Appellant or Agent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Description of Property:** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

**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, 2020).*

\_\_\_\_\_  
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**

**To be completed by the Board of Assessment Appeals only**

**APPEAL NO:**

**DATE:**

**TIME: From:**

**P.M. To:**

**P.M.**

**PLACE OF HEARING:**