

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, 2021).

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: