

**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 21, 2022.**

**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**

**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:**