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, 2023.

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

			Grand List Year:			
Property Owner:			Appellant or Agent:			
Name:		Name:				
Address:						
City/State/Zip:						
Daytime Phone:			Daytime Phone:			
Email:						
Description of Property (Personal Property	rty Real Estate				
If Real Estate Please Com	plete This Sectio	on:				
Number & Street:						-
Please Check One:	Resid	ential	Commercial		Industria	al
Reason for Appeal: Appellant's estimate of va (attach any documentation	lue:					
Signature of property own (attach evidence of authorized)	er or duly authori		Date			
APPLICATIONS MAY H	E DELIVERED	<u>) TO</u> :				
Mail Address: Assessor's P.O. Box 3 Moodus, 6	385	In Person Address	Assessor's Office Municipal Office Co 1 Plains Road Moodus, CT 06469		Phone: 860)-873-5026
Board of Assessment App		•	oard of Assessm	nent Ap	opeals only	
board of Assessment App	vais nas seneuul		<u>as tonows</u> .			
APPEAL NO:	DATE:	T	ME : From:	P.M.	To:	P.M.

PLACE OF HEARING: