

BOARD OF ASSESSMENT APPEALS

Pursuant to P.A. 95-283, of the State of Connecticut, an application to appeal an assessment must be filed: on or before **February 20. Highlighted sections must be completed.** The Board of Assessment Appeals does not have to give a hearing date to incomplete forms. Please print or type applications. Taxpayers will be notified within 7 days prior to your scheduled hearing date.

Applications may be sent to:
Board of Assessment Appeals
P.O. Box 29, 26 North Main ST
Marlborough, CT 06447

Application to Appeal

Property Owner	Grand List of: _____ List No: _____		
Name	Property Description:		
Address	No. & Street		
City/State/Zip	Map/Lot		
Appellant	Property type:		
Name	Reason for appeal: (Please see proof)		
Address			
City/State/Zip			
Correspondence & Contact			
Name	Appellant's estimate of Value:		
Address			
City/State/Zip	Signature of Property owner or agent	Date	
Daytime Phone No.	X		
Home Phone No.			
Email Address			
Board of Assessment Appeals has scheduled	Date	Time	Place
an appointment as follows:			

APPEAL SUMMARY

ASSESSMENTS	GRAND LIST	BOARD OF ASSESSMENT APPEALS
Land		
Building		
Miscellaneous		
Total		
Motor Vehicle		
Personal Property		

X _____ X _____
Date of Board Decision: _____