

## PETITION TO THE BOARD OF ASSESSMENT APPEALS

FOR GRAND LIST OF OCTOBER 1, \_\_\_\_\_

## MUST BE FILED BY FEBRUARY 20TH

BY AUTHORITY OF PUBLIC ACT 95-283, OF THE STATE OF CONNECTICUT. PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION ABOUT EACH PROPERTY APPEALED.

PROPERTY OWNER'S NAME:		
APPELLANT'S NAME (if different tha	ın above):	
APPEAL TYPE (please check one):	☐ RESIDENTIAL	□ COMMERCIAL
	☐ PERSONAL PROPERTY	☐ SUPPLEMENTAL MOTOR VEHICLE
PROPERTY ADDRESS:		
MAP/BLOCK/LOT (if available):		
BUSINESS NAME (if applicable):		
MOTOR VEHICLE YEAR, MAKE, M	IODEL & PLATE # (if applicable):	
APPELLANT'S ESTIMATE OF VAL	UE:(ATTACH DOCU	IMENTATION OF VALUE, IF APPLICABLE)
NAME, MAILING ADDRESS, AN	D PHONE NUMBER OF PART	TY TO BE SENT CORRESPONDENCE:
NAME:		
MAILING ADDRESS:		
PHONE NUMBER:	EMAIL:	
		y be, that the evidence you shall give concerning so help you God or upon penalty of perjury.
SIGNATURE OF PROPERTY OWN DULY AUTHORIZED AGENT (See		TE
** IF DISABLED PLEASE CONTAC	Γ US FOR NECESSARY ACCOM	MODATIONS.
** THIS FORM MUST BE COMPLET DATE. COMPLETED FORMS MUST BE COMPLETED FORMS MUS		JARY 20 <sup>TH</sup> FOLLOWING THE GRAND LIST
BOARD OF ASSESSMENT APPEAR	LS, TOWN OF SOUTHBURY, 501	MAIN STREET SOUTH, SOUTHBURY, CT 06488
FOR	BOARD OF ASSESSMENT APP	EALS USE ONLY
DATE:	TIME:	
PLACE OF HEARING:		

## **AGENT'S CERTIFICATION**

Date:	
I,	being the legal owner of property located at:
hereby authorize	to act as my agent in all matters
before the Board of Assessment Appe	eals of the Town of Southbury for the assessment year commencing
October 1,	
Signature:	
Printed:	