BOARD OF ASSESSEMENT APPEALS
MOTOR VEHICLE APPLICATION
SOUTHBURY, CONNECTICUT
GRAND LIST OF OCTOBER 1, 20_____

The Board of Assessment Appeals requires that the property owner or legal agent complete this form. The board will review each case and the owner will be notified of the action taken.

Effective 10/1/2024, pursuant to Section 12-111 of the CT General Statutes:

- ***Motor vehicles are assessed based on MSRP without factors such as high mileage, salvage vehicles, and rebuilt titles.***
- ***CGS 12-71b (g)(2): For assessment years commencing on or after October 1, 2024, said owner may appeal the determination of the manufacturer's suggested retail price used to assess a motor vehicle to the board of assessment appeals next succeeding the date on which the tax based on such assessment is payable, and thereafter, to the Superior Court as provided in section 12-117a. If the amount of such tax is reduced upon appeal, the portion thereof which has been paid in excess of the amount determined to be due upon appeal shall be refunded to said owner.***

OWNER'S NAME: _____

APPELLANT'S NAME*: _____

MOTOR VEHICLE LOCATION: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ **EMAIL:** _____

**If you are an agent representing the owner, please fill out the agent's certification on the reverse side of this form.*

VEHICLE MAKE: _____ **VEHICLE MODEL:** _____

YEAR OF VEHICKE: _____ **VIN:** _____

MSRP BEING APPEALED: _____ **OWNER PROVEN MSRP:** _____

Please provide any supporting documentation to help present your case. The appeal must be presented in person (by owner or agent) to the Board of Assessment Appeals.

I solemnly swear or solemnly and sincerely affirm, as the case may be, that the evidence I shall give concerning this case shall be the truth, the whole truth and nothing but the truth; so help me God or upon penalty of perjury.

* _____ _____

Signature of owner or duly authorized agent (Attach evidence of authorization) Date

Completed forms must be returned to:
Board of Assessment Appeals
Town of Southbury
501 Main Street South
Southbury, CT 06488

If disabled please call (203) 262-0674 for necessary accommodations.

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 Appeals of the Town of Southbury for the assessment year commencing October 1, _____ .

Signature: _____

Printed: _____