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 than 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, MODEL & PLATE # (if applicable): ___________________________________________
________________________________________________________________________________________________________

REASON FOR APPEAL: ___________________________________________________________________________________
________________________________________________________________________________________________________

APPELLANT'S ESTIMATE OF VALUE: ____________________________________________
(ATTACH DOCUMENTATION OF VALUE, IF APPLICABLE)

NAME, MAILING ADDRESS, AND PHONE NUMBER OF PARTY TO BE SENT CORRESPONDENCE:

NAME: ___________________________________________________________________________________________________

MAILING ADDRESS: ______________________________________________________________________________________

PHONE NUMBER: ______________________________ EMAIL: _________________________________________________

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

__________________________________________________   ______________________________________
SIGNATURE OF PROPERTY OWNER OR  DATE
DULY AUTHORIZED AGENT (See Reverse)

** IF DISABLED PLEASE CONTACT US FOR NECESSARY ACCOMMODATIONS.

** THIS FORM MUST BE COMPLETED AND RECEIVED BY FEBRUARY 20TH FOLLOWING THE GRAND LIST
DATE. COMPLETED FORMS MUST BE RETURNED TO:

BOARD OF ASSESSMENT APPEALS, TOWN OF SOUTHBURY, 501 MAIN STREET SOUTH, SOUTHBURY, CT  06488

FOR BOARD OF ASSESSMENT APPEALS 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 Appeals of the Town of Southbury for the assessment year commencing
October 1, ________ .

Signature: __________________________________________________

Printed: ____________________________________________________