WETHERSFIELD BOARD OF ASSESSMENT APPEALS

Pursuant to CGS §12-111, an application to appeal an assessment must be received **ON OR BEFORE MARCH 20, 2023. Postmarks are <u>NOT</u> considered timely filings.** Appeals not received by the statutory Grievance Day will be denied. (*) fields are required by Connecticut General Statute. Type or print clearly. <u>Incomplete applications will not be accepted.</u> Applications should be sent to:

Board of Assessment Appeals, c/o Assessor's Office, 505 Silas Deane Hwy, Wethersfield, CT 06109

APPLICATION TO APPEAL REAL ESTATE GRAND LIST OF OCTOBER 1, 2022

1. *Property Owner of Record:		*Phone:	*Phone:	
2. *Appellant's Name:		*Phone:	*Phone:	
3. *Contact & Corresponde Name:	nce:	Phone:		
Address:		Email:		
City/State/Zip:		Fax:		
4. *Real Property Location:		Parcel ID:		
*Appellant's Estimate of	Market Value as of <u>10/1/18:</u> \$			
	ach additional sheets if necessary. Assessment upport value as of that date):	s are based upon market value as of th	e last revaluation	
I do solemnly swear that the best of my knowledge	Dwner or Authorized Agent (attach evidence of the testimony I am about to give regarding the and remembrance. I understand all docume	e aforementioned property is true and nts presented will be retained and shal		
	DO NOT WRITE B	ELOW THIS LINE		
BOARD'S DECISION:	□ NO CHANGE IN ASSESSMENT	□ CHANGE IN ASSESSMENT		
	Current Assessment	BAA Assessment		
Land _				
Building(s)				
Total _				
	BAA Sign	atures		
x	x	x		
Date of BAA Decision:	Date/Time of Hearing:	Mailed Date:	Mailed Date:	

Any changes in assessment will be effective with the October 1, 2022 Grand List