

WETHERSFIELD BOARD OF ASSESSMENT APPEALS

Pursuant to CGS §12-111, an application to appeal an assessment for the March hearings must be received **ON OR BEFORE FEBRUARY 20, 2020**. Postmarks are **NOT** considered timely filings. Appeals not received by the statutory Grievance Day will be denied.

Complete all required (*) fields. Type or print clearly. Incomplete applications will not be accepted.

Applications should be sent to:

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

APPLICATION TO APPEAL MOTOR VEHICLE GRAND LIST OF:

OCTOBER 1, 2018 SUPPLEMENTAL

OCTOBER 1, 2019

1. *Property Owner's Name: _____ *Phone: _____

2. *Appellant's Name: _____ *Phone: _____

3. *Contact & Correspondence:

Name: _____ Phone: _____

Address: _____ Email: _____

City/State/Zip: _____ Fax: _____

4. *Vehicle Description:

*Year _____ *Make _____ *Model _____ *VIN _____

Mileage as of 10/1/19 (or date of purchase for Supplemental): _____

*Estimate of Value as of 10/1/19 (or date of purchase for Supplemental): \$ _____

(Motor Vehicle values are based on NADA Clean Retail values. Kelly Blue Book, Edmonds, etc. are not accepted as proof of value.)

5. *Reason for Appeal:

6. *Signature of Owner or Authorized Agent (attach evidence of authorization):

I do solemnly swear that the testimony I am about to give regarding the aforementioned property is true and accurate to the best of my knowledge and remembrance. I understand all documents presented will be retained and shall be a matter of public record.

X _____ *Date: _____

DO NOT WRITE BELOW THIS LINE

BOARD'S DECISION:

NO CHANGE IN ASSESSMENT

CHANGE IN ASSESSMENT

Current Assessment

BAA Assessment

Motor Vehicle

BAA Signatures

X _____

X _____

X _____

Date of BAA Decision: _____

Date/Time of Hearing: _____

Mailed Date: _____

Any changes in assessment will be effective with the Grand List of: **October 1, 2018 SUPPLEMENTAL**

October 1, 2019