## WETHERSFIELD BOARD OF ASSESSMENT APPEALS

Pursuant to CGS §12-111, an application to appeal an assessment must be received **ON OR BEFORE Thursday, February 20, 2025.** 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. Appeals resulting from a Personal Property Audit must submit one form for each Grand List year being appealed. <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 PERSONAL PROPERTY GRAND LIST OF OCTOBER 1, 2024**

	Audit [	]
*Property Owner's Name	 e:	= *Phone:
. *Contact & Corresponde Name:	nce:	Phone:
Address:		Email:
City/State/Zip:		Fax:
. *Personal Property Desc	ription:	Unique ID:
*Appellant's Estimate of	Assessed Value (70% of Market Value) as of	10/01/2024:\$
. *Reason for Appeal (Atta	ch additional sheets if necessary).:	
• *Signature and Oath of C I do solemnly swear that the best of my knowledge ecord. X	<b>Dwner or Authorized Agent</b> (attach evidence of the testimony I am about to give regarding the and remembrance. I understand all documents	f authorization): e aforementioned property is true and accurate to hts presented will be retained and shall be a matter of po <b>*Date:</b>
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