

WETHERSFIELD BOARD OF ASSESSMENT APPEALS

Pursuant to CGS §12-111, an application to appeal an assessment must be received **ON OR BEFORE FEBRUARY 20, 2019.**

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. Appeals resulting from a Personal Property Audit must submit one form for each Grand List year being appealed. 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 PERSONAL PROPERTY GRAND LIST OF OCTOBER 1, 201__

Audit

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

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

3. *Contact & Correspondence:

Name: _____ Phone: _____

Address: _____ Email: _____

City/State/Zip: _____ Fax: _____

4. *Personal Property Description: _____ Unique ID: _____

*Appellant's Estimate of Assessed Value (70% of Market Value) as of 10/1/1 :\$ _____

5. *Reason for Appeal (Attach additional sheets if necessary):

6. *Signature and Oath 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

Personal Property

BAA Signatures

X _____

X _____

X _____

Date of BAA Decision: _____

Date/Time of Hearing: _____

Mailed Date: _____

Any changes in assessment will be effective with the October 1, 201 Grand List