

# WETHERSFIELD BOARD OF ASSESSMENT APPEALS

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Pursuant to P.A. 95-283, of the State of Connecticut, an application to appeal assessment must be filed **on or before FEBRUARY 20,** \_\_\_\_\_.

Applications may be sent to:

Wethersfield Board of Assessment Appeals  
c/o Assessor's Office  
505 Silas Deane Highway  
Wethersfield CT 06109  
OfficeNumber 860-721-2810  
Fax Number 860-721-2813

**Highlighted sections must be completed.**

The Board of Assessment Appeals will not hold hearings on incomplete applications. Please print or type.

**Application to Appeal**

<b>Property Owner:</b>		Grand List of:	List Number:
Name		<b>Property Description:</b>	
Address		No. & Street	
City/State/Zip		Map/Block/Lot	(if available)
<b>Appellant:</b>		Property Type	<ul style="list-style-type: none"> <li style="width: 33%;">• Residential</li> <li style="width: 33%;">• Commercial</li> <li style="width: 33%;">• Industrial</li> <li style="width: 33%;">• Apartment</li> <li style="width: 33%;">• Motor. Veh.</li> <li style="width: 33%;">• Pers. Prop.</li> </ul>
Name		<b>Reason for appeal:</b>	
Address			
City/State/Zip			
<b>Correspondence &amp; Contact:</b>			
Name			
Address			
City/State/Zip		<b>Appellant's estimate of value:</b>	
Phone No.		<i>(attach documentation of value, if applicable)</i>	
<i>Signature of Property owner or duly authorized agent (attach evidence of authorization)</i>			<i>Date</i>
X			

Board of Assessment Appeals appointment:	Date	Time	Place

**Appeal Summary**

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Assessments	Grand List	Board of Assessment Appeals
Land	_____	_____
Building	_____	_____
Total	_____	_____
Motor Vehicle	_____	_____
Personal Property	_____	_____

BOARD OF ASSESSMENT APPEALS SIGNATURE \_\_\_\_\_

Date Notice Mailed:	Date of Board's Decision:
Date Abstract Posted:	Total Reduction
	Temporary ?