BOARD OF ASSESSMENT APPEALS
TOWN OF ASHFORD
Must be received by February 20th annually

By the authority of Public Act 95-283, of the State of Connecticut, please print or type the following information about each property appealed.

GRAND LIST OF OCTOBER 1,_______

PROPERTY OWNER’S NAME:____________________________________________________

APPELLANT’S NAME:__________________________________________________________

PROPERTY LOCATION:_________________________________ MAP/BLOCK/LOT:_________

PROPERTY TYPE: ____Real Estate    ____Personal Property    ____ Motor Vehicle

REASON FOR APPEAL:________________________________________________________________________________

______________________________________________________________________________________________

APPELLANT’S ESTIMATE OF VALUE:________________________________________________________

______________________________________________________________________________________________

Name, address, and phone number of party to be sent correspondence:

__________________________________________________

__________________________________________________

__________________________________________________

__________________________________________________

Signature of property owner or duly authorized agent DATE
(Attach proof of authorization)

If you cannot make a Wednesday evening meeting, please check here._____ 

ALL SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.

FORM MUST BE RECEIVED BY FEBRUARY 20TH

Board of Assessment Appeals
Town Hall
5 Town Hall Road
Ashford, CT 06278

DATE OF HEARING:______________ TIME:______________ PLACE:______________

(over)
AGENT’S CERTIFICATION

DATE: ____________________

To Whom It May Concern: I, _________________________ being the legal owner of property located at ______________________________________ hereby authorize ___________________________________ to act as my agent in all matters before the Board of Assessment Appeals of the Town/City of Ashford, CT for the assessment year commencing October 1, _____

(Signed) ______________________________________

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ALL SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING. 
(CALL ASSESSORS OFFICE AT (860) 487-4403 IF FURTHER INFORMATION IS REQUIRED)