MOTOR VEHICLE PETITION TO THE BOARD OF ASSESSMENT APPEALS
TOWN OF ASHFORD

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, 20____

PROPERTY OWNERS NAME:________________________________________

APPELLANT’S NAME: ______________________________________________

PROPERTY DESCRIPTION
   Year, Make Model:_____________________________________________
   VIN:__________________________________________________________

LIST NO. ______________________________________________________

REASON FOR APPEAL:____________________________________________

APPELLANT’S ESTIMATE OF VALUE:_________________________________

EVIDENCE: (attach copies as necessary)______________________________

________________________________________________________________

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 AUGUST 20TH

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

DATE OF HEARING:___________________  TIME:___________________  PLACE:__________________

Revised 7/9/2018
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) __________________________________________________________________

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

THE COMPLETED FORM MUST BE RECEIVED BY AUGUST 20TH TO BE SCHEDULED FOR A HEARING IN SEPTEMBER 2018 (DATE TBD), TO BE HELD AT ASHFORD TOWN HALL, 5 TOWN HALL ROAD, ASHFORD, CT 06278

Revised 7/9/2018