MOTOR VEHICLE PETITION TO THE BOARD OF ASSESSMENT APPEALS
TOWN OF ASH福德

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)

ALL SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.
FORMS ARE DUE IN THE ASSESSOR’S OFFICE BY TUESDAY, SEPTEMBER 10, 2019

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

Revised 7/10/2019
DATE OF HEARING: ________________  TIME: ________________  PLACE: ________________

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)