

**BOARD OF ASSESSMENT APPEALS
TOWN OF ASHFORD**

Must be received by February 19, 2020

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: _____

SUPPORTING DOCUMENTATION: (attach copies as necessary)

Name, address, and **PHONE NUMBER** of party to be sent correspondence:

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

DATE

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

FORM MUST BE RECEIVED IN ASSESSOR'S OFFICE BY FEBRUARY 19, 2020

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) _____

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