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, print or type the following information about each property appealed.

GRAND LIST OF OCTOBER 1, 2022

PROPERTY OWNER'S NAME:		
APPELLANT'S NAME:		
(If different than owner)		
List No.		
Year, Make, Model:		
VIN:		
REASON FOR APPEAL:		
APPELLANT'S ESTIMATE OF VALUE:		
SUPPORTING DOCUMENTATION: (att	ach copies as neces	sary)
Phone:	Email:	
Name & address of party to be sent of	correspondence:	
<u></u>		
Signature of property owner or duly a (Attach proof of authorization & com	_	Date
ALL SECTIONS MUST BE COMPLETED	IN ORDER TO BE GIV	/EN A HEARING.
Mail application to:		Email application to:
Board of Assessment Appeals 5 Town Hall Road, Ashford, CT 06278 860-487-4403	OR 3	assessor@ashfordtownhall.org
	eal forms must be re 00 pm, Friday, Septe	ceived in the Assessor's Office no later than mber 1, 2023.
DATE OF HEARING:	TIME:	PLACE:

AGENT'S CERITIFICATION

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 <code>[</code>	Board of Assessment Appeals of the Town/City of Ashford,
CT for the assessment year commencing Oct	tober 1,
(Signed)	