

BOARD of ASSESSMENT APPEALS
APPLICATION TO APPEAL ASSESSMENT
TOWN of MIDDLEBURY

**APPLICATIONS TO APPEAL MUST BE RECEIVED BY THE
ASSESSOR'S OFFICE NO LATER THAN FRIDAY 19 FEBRUARY 2016.**

PURSUANT TO: P.A. 95-283, GENERAL STATUTES OF THE STATE OF CONNECTICUT, AN APPLICATION MUST BE FILED TO APPEAL AN ASSESSMENT. THE BOARD of ASSESSMENT APPEALS IS NOT OBLIGATED TO GRANT A HEARING TO ANYONE WITH AN INCOMPLETE APPLICATION. **COMPLETE THIS FORM AND RETURN IT TO THE ASSESSOR'S OFFICE NO LATER THAN FRIDAY 19 FEBRUARY 2016.** YOU WILL BE NOTIFIED VIA US MAIL OF YOUR APPOINTMENT DATE AND TIME.

*** PRESENT ALL VALUE DOCUMENTATION TO BOARD OF ASSESSMENT APPEALS AT YOUR APPEAL MEETING**

Applications May be Mailed to or Dropped at:
Assessor's Office ATTN: BAA
1212 Whittemore Road
Middlebury, CT 06762

GRAND LIST OF: 2015

ASSESSOR'S OFFICE HOURS: MON - FRI 8 am to 4 pm

PLEASE PRINT OR TYPE THE SECTION BELOW MUST BE COMPLETED BY THE APPELLANT.

PROPERTY OWNER: NAME: _____ ADDRESS: _____ CITY/ STATE/ ZIP: _____ PHONE No.: _____	PROPERTY ADDRESS: _____ PROPERTY TYPE: (Please Circle One) <div style="display: flex; justify-content: space-around; font-size: small;"> Residential Real Estate Commercial Real Estate </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Supplemental Motor Vehicle Industrial Real Estate </div> <div style="display: flex; justify-content: center; font-size: small;"> Personal Property </div>
AGENT <i>IF APPELLANT IS NOT THE PROPERTY OWNER</i> AGENTS' CERTIFICATION MUST BE ATTACHED NAME: _____ ADDRESS: _____ CITY/ STATE/ ZIP: _____ PHONE No.: _____	REASON for APPEAL: _____ _____
CORRESPONDENCE & CONTACT IF DIFFERENT FROM ABOVE NAME: _____ ADDRESS: _____ CITY/ STATE/ ZIP: _____ PHONE No.: _____	APPELLANT'S ESTIMATE of VALUE: (Attach Documentation of Value) _____ _____

Signature of Property Owner or Duly Authorized Agent (attach evidence of authorization for Agent)

X
DATE: _____

DO NOT WRITE BELOW - FOR BAA USE ONLY

APPEAL SUMMARY: _____

ASSESSMENTS:	GRAND LIST VALUE	BOARD of ASSESSMENT APPEALS
_____	_____	_____
_____	_____	_____

DATE of BOARD'S DECISION: _____

Board of Assessment Appeals: (Member signatures)

X _____
 X _____
 X _____