

BOARD of ASSESSMENT APPEALS
APPLICATION TO APPEAL ASSESSMENT
TOWN of MIDDLEBURY

APPEAL MUST BE FILED AT THE ASSESSOR'S OFFICE FOR THE BAA BY WEDNESDAY MARCH 20 2024.

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. **APPEALS APPLICATION MUST BE FILED WITH ASSESSOR'S OFFICE NO LATER THAN MARCH 20 2024.**

<p><u>GRAND LIST OF: 2023</u></p> <p>PLEASE PRINT OR TYPE</p>	<p><u>Mail Appeal Forms & Documentation to:</u></p> <p style="text-align: center;">Assessor's Office ATTN: BAA 1212 Whittemore Road Middlebury, CT 06762</p>
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THE FOLLOWING SECTION MUST BE COMPLETED BY THE APPELLANT.

<p>CONTACT INFORMATION:</p> <p>PROPERTY OWNER:</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY/ STATE/ ZIP: _____</p> <p>PHONE No.: _____</p>	<p>PROPERTY LOCATION:</p> <p>PROPERTY TYPE: (Please Circle One)</p> <p style="text-align: center;">Residential Commercial</p> <p style="text-align: center;">Motor Vehicle Industrial</p> <p style="text-align: center;">Personal Property Apartment</p>
<p>AGENT <u>REPRESENTING PROPERTY OWNER</u> <u>Please complete</u></p> <p>AGENT AUTHORIZATION MUST BE ATTACHED</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY/ STATE/ ZIP: _____</p> <p>PHONE No.: _____</p>	<p>REASON for APPEAL:</p> <p>APPELLANT'S ESTIMATE of VALUE: (ATTACH DOCUMENTATION OF VALUE)</p> <p>Market Value \$ _____</p> <p>Assessment (70% of M/V) \$ _____</p> <p>ASSESSOR'S ESTIMATE OF VALUE (from tax bill)</p> <p>Market Value \$ _____</p> <p>Assessment (70% of M/V) \$ _____</p>

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

X DATE: _____

DO NOT WRITE BELOW - FOR BAA USE ONLY

2023 List Number: _____ Real Estate Map-BI/Lot: _____

APPEAL SUMMARY: _____

<p style="text-align: center;">GRAND LIST VALUE</p> <p>ASSESSMENT: _____</p>	<p style="text-align: center;">ADJUSTMENT MADE by BOARD of ASSESSMENT APPEALS</p>
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DATE of BOARD'S DECISION: _____

Board of Assessment Appeals: (Member signatures)

X _____

X _____

X _____

X _____