

**PETITION TO THE
BOARD OF ASSESSMENT APPEALS
2017 GL
TOWN OF NORTH BRANFORD, CONNECTICUT**

Must be filed by February 20th 2018

By authority of Public Act 95-283, of the State of Connecticut

Please print or type the following information in **Section A** regarding each property being appealed.

SECTION A - APPEAL APPLICATION

Property Owner(s): _____

Name of signer of Application: _____

Position of Signer: Owner Agent Corporation Officer (Identify):

Property owner will be represented by: Self Agent

(If by agent, owner must complete attached authorization form)

Name of person, mailing address and phone number to which all notices and correspondence should be sent
(List one address only):

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Location and type of property being appealed: _____

- Real Estate – residential, commercial, industrial – include location
- Personal Property – name of company, owner of business and location
- Motor Vehicle – year/make/model/marker number)

Tax Map and Lot _____ / _____ **List #** _____

Reason for the appeal: _____

Appellant's estimate of value: _____

(attach documentation of value)

Signature of property owner or duly authorized agent
(attach evidence of authorization)

Date

SECTION B - NOTICE OF APPEAL HEARING DATE, TIME AND PLACE

(For Board of Assessment Appeals use only)

- Your appeal hearing for the above property is scheduled to be held at the North Branford Town Hall, (Assessor's Office) 909 Foxon Road,

North Branford, CT on this day of _____ MARCH _____ 2018, at _____ PM

BOARD OF ASSESSMENT APPEALS AUTHORIZATION

To the Board of Assessment Appeals of the Town of North Branford:

I/We, _____

being legal owner(s) of _____

hereby authorize _____

to act as my agent in all matters before the Board of Assessment Appeals of the Town of North Branford.

Property Owner(s) Signature: _____

Date Signed: _____

Owner(s) Mailing Address: _____
