PETITION TO THE BOARD OF ASSESSMENT APPEALS 2018 GL

TOWN OF NORTH BRANFORD, CONNECTICUT

Must be filed by February 20th 2019

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.

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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 n	nust complete attached authorization form)
Name of person, mailing add	dress 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 propo	erty being appealed:
Personal Property –	ential, commercial, industrial – include location - name of company, owner of business and location ar/make/model/marker number)
Tax Map and Lot / _	List #
Reason for the appeal:	
Appellant's estimate of value:	(attach documentation of value)
	(mman manming) 01 : mma/
Signature of property owner (attach evidence of	•

<u>SECTION B - NOTICE OF APPEAL HEARING DATE, TIME AND PLACE</u> (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 2019, 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: