PETITION TO THE

BOARD OF ASSESSMENT APPEALS

10 Main St, New Milford, CT 06776

nmassessmentappeals@gmail.com

September Application October 1, 2015 Grand List

List #: Real Estate: Motor Vehicle:

Property Owner:

Address of Property:

Description of Property:

 (*Yr., make, model, VIN if Motor Vehicle) (Residential, commercial, industrial etc. if Real Estate)*

Reason for Appeal:

Represented by: SELF or Agents Name:

 *(If by Agent, Authorization Form must be completed)*

Estimate of Value

 *(Attach documentation of value)*

Name:

Mailing Address:

Telephone: Email for notice of appointment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Property Owner or Duly Authorized Agent Date

(attach authorization)

* MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING
* IMPORTANT: Please note any Tuesday evening in September or October that you would NOT be able to schedule an appointment since there are no reschedules.

nmassessmentappeals@gmail.com

OWNER’S AUTHORIZATION FORM:

I, being the legal owner of property located at

hereby authorizes,

to act as my agent in all matters before the Board of Assessment Appeals for the Town of New Milford, State of Ct.,

for the October 1, 2015 Grand List.

 *OWNER’S SIGNATURE*