

**PETITION TO THE
BOARD OF ASSESSMENT APPEALS
Town of New Milford, CT**

By authority of Public Act 95-283, of the State of Connecticut.
Please print or type the following information about each property appealed.

GRAND LIST OF OCTOBER 1, 2023

LIST # _____

*Property Owner's Name: _____

*Appellants Name: _____

*Property Address: _____

*Property Type: _____

(Motor Vehicle Only)

*Reason for Appeal:

*Appellant's Estimate of Value: _____

Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

* _____

Signature of property owner or Duly Authorized Agent
(Attach Evidence of Authorization)

* _____

Date

***MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING**

IMPORTANT - Please note any Wednesday evening in September. If there is a date you prefer, please note below.

9/4 _____

9/11 _____

9/18 _____

9/25 _____

BOARD OF ASSESSMENT APPEALS
% TAX ASSESSORS OFFICE
ATTN: JILL COOLBETH
10 MAIN STREET
NEW MILFORD, CT 06776

OR

FX-860-355-3319, EMAIL: JCOOLBETH@NEWMILFORDCT.GOV

**Board of Assessment Appeals
Town of New Milford, Connecticut 06776
JCoolbeth@NewMilfordCt.Gov**

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 Connecticut, for the Assessment year October 1, 2023

Owner's Signature: _____
Date: _____