

**PETITION for APPEAL HEARING to the
BOARD OF ASSESSMENT APPEALS**
TOWN OF WASHINGTON, CONNECTICUT

MUST BE FILED ON OR BEFORE FEBRUARY 20th 2020

GRAND LIST OF OCTOBER 1, 2019

By authority of C.G.S. Title 12 Chapter 203 § 12-111

(Page 1 of 2)

Real Estate_____

Motor Vehicle_____

Personal Property_____

A separate form must be used for each piece of property appealed. Please type or print legibly. Complete each line in full.

*Property owner's name _____

*Appellant's name _____

*Property type _____
(Describe the Property Class: Residential, Commercial, Vacant Land, Personal Property or Motor Vehicle)

*Property description _____
(For Real Estate: number and street. For Motor Vehicles: Year Make Model, VIN #. For Personal Prop: Equip't, Tools, etc.)

*Reason for appeal _____

*Appellant's estimate of market value _____
(Attach documentation of value, if applicable)

Did you meet or speak with the Assessor's office to discuss your assessment? What was the result?

*Name, mailing address, and phone number of party to whom all correspondence should be sent:

(name)

(mailing address)

(phone)

(city,state,zip)

* _____
Signature of property owner or duly authorized agent
(If Agent – Obtain & Include Owner's Certification form on p. 2 of 2)

* _____
Date

*** MUST BE FULLY COMPLETED IN ORDER TO BE GIVEN A HEARING.
APPELLANT OR AGENT MUST APPEAR IN PERSON FOR APPEAL TO BE CONSIDERED**

THIS FORM MUST BE COMPLETED AND RECEIVED BY FEBRUARY 20th FOLLOWING THE GRAND LIST DATE.

RETURN TO:

Town of Washington Board of Assessment Appeals
P.O. Box 383, 2 Bryan Plaza
Washington Depot, CT 06794

Leave Blank for ***Written Notice of Scheduled Hearing by Board of Assessment Appeals*** to be returned to you.

Date, Time and Place of Hearing: _____
Date Time Place of Hearing at Bryan Memorial Town Hall

**PETITION for APPEAL HEARING to the
BOARD OF ASSESSMENT APPEALS**
TOWN OF WASHINGTON, CONNECTICUT

Page 2 of 2

OWNER'S AGENT CERTIFICATION

To the Town of Washington's Board of Assessment Appeals:

I, _____, being the legal owner of property
located at _____ and/or described on the reverse,
hereby authorize _____ to act as my agent
in all matters before the Board of Assessment Appeals of the Town of Washington for the
assessment year commencing October 1, 2019.

(Signed) _____ (Dated) _____

Owner Signature Notarization Required:

State of:

County of:

SS:

The foregoing instrument was acknowledged before me on this the ___ of _____ 202_

by _____.
(Notary Name)

(Signature)

(Title or rank)

(Serial Number, if any)