



TOWN OF SUFFIELD

Town Hall, 83 Mountain Road, Suffield, Connecticut 06078

OFFICE OF THE ASSESSOR

Office (860) 668-3866

Fax (860) 668-3315

BOARD OF ASSESSMENT APPEALS APPLICATION

Please complete the application on the reverse side of this sheet and return it to the Assessor. Applications must be received by **February 20**, per Connecticut law; ***no*** applications will be accepted after this date. You need to file **one** application for **each** property account being appealed.

A notice will be sent to you no later than MARCH 1, indicating the date and time of your hearing. Hearings will be held in Town Hall during the month of March. **Appointments will not be changed from those assigned by the Board.** We will make every attempt to satisfy your time request.

You or your agent must appear before the Board of Assessment Appeal for your appeal to be considered. Your agent must present written proof of authority.

For real estate appeals, you may present documentation to the Board that shows that your property is over-valued or is valued inequitably when compared to similar properties based on the 2008 revaluation (not current value). You cannot base your appeal solely on the fact that you feel your taxes are too high, or that they may increase more than others.

The results of your hearing will be returned to you **after** the Board deliberates your appeal, indicating the results of their deliberations.

Please contact this office at (860) 668-3866 if you have any questions.

Assessor's Office
Town of Suffield

TOWN OF SUFFIELD

PROPERTY ASSESSMENT **APPEAL APPLICATION** TO THE BOARD OF ASSESSMENT APPEALS
INSTRUCTIONS: Please complete this application in its entirety. Please type or print legibly. Complete **one** form for **each** property being appealed. **NOTE: COMPLETED APPLICATION MUST BE RETURNED NO LATER THAN FEBRUARY 20. NO APPEAL WILL BE CONSIDERED UNLESS A WRITTEN APPLICATION IS SUBMITTED TIMELY.** (C. G. S. §§12-111 AMENDED PA 95-283)

RETURN TO: BAA C/O ASSESSORS OFFICE, 83 MOUNTAIN ROAD, SUFFIELD, CT. 06078-2041

APPEAL APPLICATION

Property Owner(s) _____

Name of Signer of Application _____

Position of the Signer: owner _____ agent _____ corp. officer (*identify*) _____

Property owner will be represented by: self _____ agent _____.
(*If by agent, owner must bring authorization form attached*)

Name of Person and Address to which all notices and correspondence should be sent (list **one** address only):

Name Phone

Street

City, State, Zip Code

Description of the property being appealed (location # and street address if real estate, year/make/marker # if motor vehicle)

For the Grand List of October 1, 20____ Real Estate____ Motor Vehicle ____ Personal Property_____

Reason for the Appeal: _____

Appellant's estimate of the **2008** [if real estate] or Oct 1, 20____ value of the property being appealed:

Please check preferred time of appointment:

Weekday: _____ Evening: _____

Saturday (if available): _____ (Alternate if Saturday appointments are not available: Day: _____ Evening _____)

Signature of Owner *Date*

AGENT'S CERTIFICATION

DATE: _____

To Whom It May Concern: I, _____ being the legal owner of property

located at _____

hereby authorize _____

to act as my agent in all matters before the Board of Assessment Appeals

of the Town/City of Suffield, Connecticut

for the assessment year commencing October 1, 20_____

(Signed) _____