

Form- BAA

IN ORDER TO BE GIVEN A HEARING TO APPEAL YOUR PROPERTY ASSESSMENT, THIS FORM MUST BE COMPLETED AND RETURNED BY FEBRUARY 20 OR THE LAST BUSINESS DAY PRIOR

RETURN COMPLETED FORM TO:

Board of Assessment Appeals
40 Peck Road
Bethany, CT 06524

PETITION OF THE
BOARD OF ASSESSMENT APPEALS
TOWN OF BETHANY, CONNECTICUT

By the authority of Public Act 95-283 of the State of Connecticut

Please provide the information about each property appeal.

GRAND LIST _____

Property Owner Name _____

Appellant's Name _____

Property Location _____

Map/Lot _____ Property Type (check one) Residential Commercial Industrial
 Personal Property Supplemental Motor Vehicle

Appellant's Estimate of Value _____

Reason for Appeal:

Please attach any documentation which would support your argument.

Name, mailing address, and phone number of party to receive correspondence on this appeal.

COMPLETE BOTH SIDES OF THIS FORM

If this appeal is for Real Estate or Personal Property assessment, what business hours (Monday through Friday 9:00AM to 4:00PM) may a member of the Board of Assessment Appeals inspect your property?

Contact Telephone Number: _____

If this appeal is for a Supplemental Motor Vehicle assessment, what was the mileage when it was registered?

Please complete this section if someone will be representing you.

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 of Bethany for the assessment year commencing October 1, _____.

Signed _____

PLEASE SIGN HERE

I attest that all the information provided on this application is true to the best of my knowledge.

**THERE IS NO APPOINTMENT OR FORM REQUIRED TO APPEAL AN ASSESSMENT FOR A MOTOR VEHICLE BILLED IN JULY.
THE HEARING DATE IS IN SEPTEMBER AND IS ANNOUNCED IN THE BETHANY BULLETIN.**