



Board of Assessment Appeals
 c/o Assessor's Office
 18 Church St
 North Haven, CT 06473

BOARD OF ASSESSMENT APPEALS APPLICATION

Pursuant to sec. § 12-111 of the Connecticut General Statutes, a written application to appeal an assessment must be filled on or before February 20, 2015.

Meeting Date: March 9, 2015

***** The Applicant or a Representative Must Attend the Hearing *****

ACCOUNT NUMBER: <input type="text"/>	PROPERTY TYPE:	Real Estate		<input type="checkbox"/> Motor Vehicle
		<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial / Industrial	<input type="checkbox"/> Personal Property
OWNER OF RECORD: <input type="text"/>	PROPERTY LOCATION: <input type="text"/>			

CONTACT INFORMATION:

Name:		
Address:		
City:		
State:	Zip:	Phone:

REASON FOR APPEAL

What is your estimate of the fair market value of the property? (required) \$

Describe reasons for change in property value and/or attach documentation supporting opinion of value.

Signature of Property Owner or Representative:

***** DO NOT WRITE BELOW THIS LINE *****

APPEAL NUMBER: APPOINTMENT DATE: TIME:

Remarks/ Action of the Board:

Attest: Chairman: _____ Board Members: _____
