



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, 2016.

**Meeting Date: March 14, 2016 Time: TBD**

**\*\*\* 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: \_\_\_\_\_

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