Return completed form to the address below on or before **September 7, 2015**

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

MOTOR VEHICLE APPEAL APPLICATION

A written application to appeal an assessment must be filed between August 1, 2015 through September 7, 2015.

Meeting Date: September 14, 2015, 6:00 PM

THE APPLICANT OR A REPRESENTATIVE MUST ATTEND THE HEARING WITH THE VEHICLE BEING APPEALED

Property Owner	**Contact Information**	
Owner of Record:	Name:	
Location:	Address:	
Motor Vehicle Plate:	City:	
Motor Vehicle VIN:	State:	Zip:
	Phone Number:	

Reason for Appeal:

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

Please describe reason below and attach documentation supporting opinion of value.

Signature of Property Owner/ Representative:_____ Date:_____

Appeal Number:_____

Remarks/ Action of the Board:

Attest: Chairman: _____ Board Members: _____

_____

_____

_____