

**PETITION TO THE  
BOARD OF ASSESSMENT APPEALS  
TOWN OF DEEP RIVER – PERSONAL PROPERTY**

*This form must be filed by February 20<sup>th</sup>*

By the authority of Public Act 95-283, of the State of Connecticut, please print or type the following information about each property appealed.

GRAND LIST OF OCTOBER 1, 20\_\_\_\_

PROPERTY OWNER'S NAME : \_\_\_\_\_

APPELLANT'S NAME : \_\_\_\_\_

PROPERTY LOCATION : \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

REASON FOR APPEAL (continue on back if necessary) : \_\_\_\_\_  
\_\_\_\_\_

APPELLANT'S ESTIMATE OF VALUE : \_\$ \_\_\_\_\_

X \_\_\_\_\_

Date : \_\_\_\_\_

**Signature of property owner or duly authorized agent  
(if agent, attach proof of authorization)**

Name, Address and Phone Number of party to be sent correspondence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALL SECTION MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.  
(CALL ASSESSOR'S OFFICE IF FURTHER INFORMATION IS REQUIRED)

**THIS FORM MUST BE FILED BY FEBRUARY 20<sup>TH</sup> AND RETURNED TO:**

BOARD OF ASSESSMENT APPEALS  
C/O: THE ASSESSOR'S OFFICE  
174 MAIN STREET  
DEEP RIVER, CT 06417

AGENT'S CERTIFICATION

Date : \_\_\_\_\_

To Whom It May Concern: I, \_\_\_\_\_ being the legal owner of the property located at \_\_\_\_\_ hereby authorize \_\_\_\_\_ to act as my agent in all matters before the Board of Assessment Appeals of the Town of Deep River for the assessment year commencing October 1, 20\_\_\_\_.

\_\_\_\_\_  
Signature of property owner

\_\_\_\_\_  
Date