

Deep River Board of Assessment Appeals

Pursuant to §12-111 of the State of Connecticut, a written application to appeal an assessment must be filed on or before: **February 20, 2024**

Postmarks will not be honored (Public Act 95-283).

Highlighted sections must be completed. The Board of Assessment Appeals is not obligated to grant a hearing date to incomplete applications. Please print or type.

Applications must be sent to:

**Town of Deep River
Board of Assessment Appeals
174 Main Street
Deep River, CT 06417**

Application to Appeal

Property Owner:		Grand List of: 2023 List No.	
Name		Property Description:	
Address		No & Street	
City/State/Zip		Map/Lot	
Appellant: (if different than Property Owner. Attach authorization form.)		Property Type	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Property
Name		Reason for Appeal: (attachment of supporting data is suggested)	
Address			
City/State/Zip			
Correspondence & Contact:			
Name			
Address		Appellant's estimate of value: (Market)	
City/State/Zip			
Phone No.	Email:	(attach documentation of value if applicable)	
Signature of property owner or duly authorized agent (attach evidence of authorization)			Date

The Board of Assessment Appeals has scheduled an appointment as follows:	Date	Time	Place
		PM	Deep River Town Hall

Appeal Summary:

- ☐ Petition Dismissed (no hearing)
- ☐ Petition Denied
- ☐ Petition Granted As Follows:
- ☐ Assessment Increased As Follows:

Appeals from the action of the Board of Assessment Appeals are to be filed with the Superior Court within two (2) months of the Board's action in accordance with CT State Statute §12-117a.

Assessments	Grand List	Board of Assessment Appeals
Land		
Building		
Miscellaneous		
Total		
Motor Vehicle		
Personal Property		

Board of Assessment Appeals: (signature)

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 Deep River for the assessment year commencing **October 1, 2023.**

Signed _____

THIS FORM MUST BE FILED BY FEBRUARY 20TH AND RETURNED TO:

TOWN OF DEEP RIVER
BOARD OF ASSESSMENT APPEALS
174 MAIN STREET
DEEP RIVER, CT 06417

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

Appeals from the action of the Board of Assessment Appeals are to be filed with the Superior Court within two (2) months of the Board's action in accordance with CT State Statute §12-117a.