

APPEAL TO THE BOARD OF ASSESSMENT APPEALS:

Property Owner(s) \_\_\_\_\_

Name of the signer (If signer is different from the owner) \_\_\_\_\_

Position of the signer (If signer is different from the owner) \_\_\_\_\_

Property owner will be represented by: Self \_\_\_\_\_ Authorized Agent \_\_\_\_\_ (See over)  
(If by authorized agent, must complete authorization form on reverse side.) —————>

Name of person and address to which all notices and correspondence should be sent (list one address only)

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of the property being appealed: (Vin Number/ year/make/model/marker number of motor vehicle)

\_\_\_\_\_

For the Motor Vehicle Grand List of October 1, \_\_\_\_\_

Reason for the appeal: \_\_\_\_\_

\_\_\_\_\_

Appellant’s estimate of the value of the property being appealed: \_\_\_\_\_

Signature of the Owner or Authorized Agent (If agent, authorization on back must be completed)

I hereby declare the information provided is accurate. If the assessment is reduced, I hereby request a refund of any over payment that has been made for this property.

Signature: \_\_\_\_\_ Date appeal signed: \_\_\_\_\_

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**PLEASE NOTE THAT THE ABOVE FORM MUST BE COMPLETED IN ITS ENTIRETY. PROPERTY OWNERS WHO OWN MORE THAN ONE PROPERTY OR VEHICLE MUST FILE A SEPARATE FORM FOR EACH ACCOUNT TO BE APPEALED.**

**PLEASE TYPE OR PRINT LEGIBLY.**

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(For Board of Assessment Appeals use only)

Date notice of decision was mailed: \_\_\_\_\_, 202\_\_

The above appeal was heard at a meeting of the Board of Assessment Appeals held on \_\_\_\_\_, 202\_\_.

It was voted as follows at a meeting held on \_\_\_\_\_, 202\_\_.

\_\_\_\_\_ 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) month’s of the Board’s action.

\_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
Current Assessment Change New Assessment

\_\_\_\_\_  
Board of Assessment Appeals Chairperson

## AGENT'S CERTIFICATION

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

To Whom It May Concern: I, \_\_\_\_\_ Being the legal owner of  
personal 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, \_\_\_\_\_.

Signed \_\_\_\_\_

**THIS FORM WITH ORIGINAL SIGNATURE MUST BE BROUGHT TO HEARING:**

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