

# 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, 2019**

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

Applications must be sent to:

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

**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.

## Application to Appeal

<b>Property Owner:</b>		Grand List of: <b>2018</b> List No.	
Name		<b>Property Description:</b>	
Address		No & Street	
City/State/Zip		Map/Lot	
<b>Appellant:</b> (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		<b>Reason for Appeal:</b> (attachment of supporting data is suggested)	
Address			
City/State/Zip			
<b>Correspondence &amp; Contact:</b>			
Name			
Address		<b>Appellant's estimate of value: (Market)</b>	
City/State/Zip			
Phone No.		(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
			<b>Deep River Town Hall</b>

## 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, 2018.**

Signed \_\_\_\_\_

**THIS FORM MUST BE FILED BY FEBRUARY 20<sup>TH</sup> 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.