

**CITY OF NEW HAVEN
BOARD OF ASSESSMENT APPEALS
PROPERTY ASSESSMENT APPEAL APPLICATION 2008 GRAND LIST**

INSTRUCTIONS: Please complete Section A and Section B (if applicable) to initiate the assessment appeal process. Information must be legible. Complete one form for each property account being appealed. All items in Section A **MUST** be completed. If Section B applies, all items in Section B must also be completed. Please note all asterisks are required fields. Incomplete or late applications will **NOT** be processed. Applications missing data in required fields will **NOT** be processed. Connecticut General Statutes 12-111.

NOTE: COMPLETED FORMS MUST BE ON FILE WITH THE BOARD OF ASSESSMENT APPEALS NO LATER THAN FEBRUARY 20, 2009 (CGS 12-111). NO APPEAL WILL BE CONSIDERED UNLESS A WRITTEN APPLICATION IS FILED AND RETURNED TO: THE BOARD OF ASSESSMENT APPEALS, CITY OF NEW HAVEN, 165 CHURCH STREET, NEW HAVEN, CT 06510.

SECTION A – APPEAL APPLICATION

*Property Owner(s) **(Required)**: _____

*Name of Signer of Application **(Required)**: _____

*Position of the Signer **(Required)**-Check One: Owner: _____ Agent: _____ Corp. Officer: _____

Property Owner will be represented by : Self: _____ Agent: _____

NOTE: (If agent is used, the Property Owner must complete Authorization in Section B)

***REQUIRED** – Name of Person and Address to which all notices and correspondence will be sent (list only one):

_____ Phone: _____

*Name **(Required)**

*Address **(Required)**

*City, State, Zip **(Required)**

***Description of Property Being Appealed (Required)**

| Real Estate | Personal Property | Motor Vehicle (2007 Supplemental) |
|--|--------------------------------------|--|
| Map/Block/Lot: _____ Address: _____ Residential/Commerc/Indust. (Circle) | Address: _____ Account No.: _____ | Year: _____ Make: _____ Model: _____ Plate No.: _____ VIN No.: _____ |

*Reason for Appeal **(Required)**: _____

* Appellant's estimate of Value of Property being appealed **(Required)**: _____
(Attach documentation of value, if applicable)

*Signature of owner or agent **(Required)**

*Date application signed **(Required)**

SECTION B -- BOARD OF ASSESSMENT APPEALS AGENT AUTHORIZATION

I/We _____, being legal owner(s) of _____, hereby authorize _____ to act as my/our agent in all matters before the Board of Assessment Appeals of the City of New Haven.

Property Owner: _____

*Signature **(Required)**: _____

*Date Signed **(Required)**

Please retain a date stamped copy of this application; it will serve as your assigned appointment and right of appeal. Incomplete or late applications will not be processed. Applications missing data in required fields will not be processed. Connecticut General Statutes 12-111.