BOARD OF ASSESSMENT APPEALS
Application to Appeal Assessment

Pursuant to CT General State Statute §12-111 and §12-117, an application to appeal an assessment must be filed on or before:
FEBRUARY 20, 2020
Postmarks will not be honored (Public Act 95-283).

All sections must be completed. The Board of Assessment Appeals is not required to give a hearing date to incomplete applications. Please print or type.

GRAND LIST OF OCTOBER 1, 2019

Property Owner:  
Name: ____________________________  
Address: ____________________________  
City/State/Zip: ____________________________  
Daytime Phone: ____________________________

Appellant or Agent:  
Name: ____________________________  
Address: ____________________________  
City/State/Zip: ____________________________  
Daytime Phone: ____________________________

PROPERTY TYPE: ______________________________________________________________________________________
(Residential, commercial, industrial, personal property, motor vehicles)

If Real Estate Please Complete This Section:
Number & Street: ____________________________________________  ____________________________________________

Please Check One: ____________________________ Residential  ____________________________ Commercial  ____________________________ Industrial

Reason for Appeal: ______________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Appellant’s estimate of value: ____________________________ (attach any documentation which would aid you in supporting the estimate of value as of October 1, 2019).

Signature of property owner or duly authorized agent
Date

(Agent’s authorization form needs to be attached.)

APPLICATIONS MUST BE COMPLETED AND FILED WITH THE ASSESSOR BY FEBRUARY 20, 2020:

Assessor’s Office, 203 Middlesex Ave., Chester, CT 06412

To be completed by the Board of Assessment Appeals only

Board of Assessment Appeals has scheduled an appointment as follows:

DATE: ____________________________ TIME: ____________________________

PLACE OF HEARING: CHESTER TOWN HALL, 203 Middlesex Avenue, Chester, CT