

PETITION TO THE  
BOARD OF ASSESSMENT APPEALS  
CITY OF SHELTON

*Must be filed by February 20, 2024*

By the authority of Public Act 95-283, of the State of Connecticut, please print or type the following information about each property appealed.

**GRAND LIST OF OCTOBER 1, 2023**

**PROPERTY OWNERS NAME:** \_\_\_\_\_

**APPELLANTS NAME:** \_\_\_\_\_

**PROPERTY LOCATION:** \_\_\_\_\_

**MAP/LOT:** \_\_\_\_\_

**PROPERTY TYPE:** \_\_\_\_\_

**REASON FOR APPEAL:** \_\_\_\_\_

**APPELLANTS ESTIMATE OF VALUE:** \_\_\_\_\_

**NAME, ADDRESS AND PHONE NUMBER OF PARTY TO BE SENT CORRESPONDENCE:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Signature of property owner or duly authorized agent\***

\_\_\_\_\_  
**Date**

*\*(Attach proof of authorization)*

**ALL SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING. THIS FORM MUST BE  
FILED BY FEBRUARY 20, 2024 AND RETURNED TO:**

**BOARD OF ASSESSMENT APPEALS, 54 HILL STREET, SHELTON, CT 06484**

For office use only: date, time and location of hearing

\_\_\_\_\_  
\_\_\_\_\_

TOWN OF SHELTON  
BOARD OF ASSESSMENT APPEALS  
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/City of \_\_\_\_\_

for the assessment year commencing October 1, \_\_\_\_\_

(Signed) \_\_\_\_\_

**Only necessary to fill in if owner will not be present.**