



BOARD OF ASSESSMENT APPEALS

Application Deadline

PROPERTY OWNERS, WISHING TO APPEAL THEIR ASSESSMENT ON THE OCTOBER 1, 2025 GRAND LIST BEFORE THE BOARD OF ASSESSMENT APPEALS, MUST SUBMIT A WRITTEN APPLICATION TO THE BOARD, AT THE ASSESSOR'S OFFICE, SHELTON CITY HALL, **ON OR BEFORE, FRIDAY, FEBRUARY 20, 2026.** ***POSTMARKS OF FEBRUARY 20TH WILL NOT BE HONORED.***

A Written Application To Appeal

A written application to appeal an assessment is required. Only those submitting an application will be given a hearing date by the Board of Assessment Appeals.

Section 12-111 of Connecticut Statutes requires that the application to appeal an Assessment must contain the following:

- Property owner's name
- Name and position of the person signing the appeal application
- Description of the property
- Name and address of the person to whom correspondence is to be sent
- Reason for the appeal
- Appellant's estimate of value
- Signature of the property owner or that of his duly authorized agent
- Date on which the appeal application is signed.

An application must be submitted for each property to be appealed before the Board.

For the convenience of the appellant, applications to appeal an Assessment are available through the Assessor's Office. (203) 924-1555 Ext. 1500.

PETITION TO THE
BOARD OF ASSESSMENT APPEALS
CITY OF SHELTON

Must be filed by February 20, 2026

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, 2025

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, 2026 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.