

PETITION TO THE
BOARD OF ASSESSMENT APPEALS
CITY OF SHELTON

Must be filed by February 20, 2025

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, 2024

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, 2025 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.