



BOARD OF ASSESSMENT APPEALS

Application Deadline

PROPERTY OWNERS WISHING TO APPEAL THEIR ASSESSMENT ON THE OCTOBER 1, 2017 GRAND LIST, BEFORE THE BOARD OF ASSESSMENT APPEALS, MUST SUBMIT A WRITTEN APPLICATION TO THE SHELTON CITY HALL ASSESSOR'S OFFICE ON OR BEFORE,

TUESDAY, MARCH 20TH, 2018.

POSTMARKS OF MARCH 20TH WILL NOT BE HONORED. FAXES WILL NOT BE ACCEPTABLE.

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 or City of Shelton website.

**PETITION TO THE
BOARD OF ASSESSMENT APPEALS
CITY OF SHELTON**

Must be filed by March 20th, 2018

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, 2017

PROPERTY OWNERS NAME: _____

APPELLANT'S NAME: _____

PROPERTY LOCATION: _____

MAP/LOT: _____

PROPERTY TYPE: _____

REASON FOR APPEAL: _____

APPELLANT'S ESTIMATE OF VALUE: _____

Name, Address, and Phone number of party to be sent correspondence:

Signature of property owner or duly authorized agent
(Attached proof of authorization)

Date

ALL SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING

THIS FORM MUST BE FILED BY MARCH 20TH, 2018 AND RETURN TO:

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

OFFICE ONLY: DATE OF HEARING: _____

TIME: _____ PLACE: _____

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 City of Shelton CT for
the assessment year commencing October 1, 2017

(Signed)