



## BOARD OF ASSESSMENT APPEALS

### **Application Deadline**

PROPERTY OWNERS WISHING TO APPEAL THEIR ASSESSMENT ON THE OCTOBER 1, 2018 GRAND LIST, BEFORE THE BOARD OF ASSESSMENT APPEALS, MUST SUBMIT A WRITTEN APPLICATION TO THE SHELTON CITY HALL ASSESSOR'S OFFICE ON OR BEFORE,

**Wednesday, February 20<sup>TH</sup>, 2019.**

POSTMARKS OF February 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 February 20<sup>th</sup>, 2019*

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, 2018**

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 FEBRUARY 20<sup>TH</sup>, 2019 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, 2018

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