

**PETITION TO THE BOARD OF ASSESSMENT APPEALS
TOWN OF BEACON FALLS, CONNECTICUT
FOR THE GRAND LIST OF OCTOBER 1, 2017
2016 SUPPLEMENTAL MOTOR VEHICLE LIST**

MUST BE FILED BY FEBRUARY 20, 2018

By authority of Section 12-111, of the Connecticut State Statutes

Please print or type. A separate form is required for each property appealed

Property owner's name: _____

Appellant's name (if not the owner): _____

NOTE: Appellant or Agent must have written authorization from Owner. See Authorization Form on back.

Property location: _____

Mailing address: _____

(for all correspondence) _____

Daytime Phone # _____ Evening Phone # _____

Check One: Property type – Real Estate: residential commercial industrial

Property type – Other: personal property motor vehicle

Reason for appeal: _____

Appellant's estimate of value: _____

(real estate values must be as of October 1, 2017 - provide documentation)

**THIS FORM MUST BE COMPLETED AND RECEIVED IN THE ASSESSOR'S
OFFICE BY FEBRUARY 20TH. APPLICATIONS RECEIVED OR FILED AFTER
FEBRUARY 20TH WILL NOT BE PROCESSED.**

_____ Date: _____

***Signature of Property Owner or duly authorized Agent (Agent must have signed authorization form on reverse)**

**ALL SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING APPOINTMENT.
THIS FORM MUST BE RETURNED BY FEBRUARY 20, 2018.**

RETURN TO:

**Board of Assessment Appeals
c/o Assessor's Office
10 Maple Avenue
Beacon Falls CT 06403-1198**

YOU WILL BE NOTIFIED OF YOUR HEARING DATE AND TIME BY MAIL.

OFFICE USE ONLY

Hearing Date: _____

Time: _____

**BOARD OF ASSESSMENT APPEALS
TOWN OF BEACON FALLS, CONNECTICUT
APPELLANT/AGENT AUTHORIZAATION FORM**

DATE: _____

TO WHOM IT MAY CONCERN: I, _____
(Print name)

being the legal property owner at : _____

hereby authorize _____

to act as my agent in all matters before the Board of Assessment Appeals of the Town of Beacon Falls for the assessment year commencing October 1, 2017.

Signed: _____