

Application to the Board of Assessment Appeals

**Must be filed on or before February 20, 2018
Grand List of October 1, 2017**

All sections must be completed for a hearing to be scheduled. This form must be filed by Feb. 20, 2018, and returned to: Assessment Office, Board of Assessment Appeals, Room 142, Town of West Hartford, 50 South Main Street, West Hartford, CT 06107. FAX: (860) 561-7590.

Property Owner(s) Name(s) _____

Appellant/Agent Name _____

Property Location _____
(Number and Street Name)

Property Description _____
(Residential, Commercial, Industrial, Utility, Apartments, Personal Property, Motor Vehicles)

Reason for the Appeal _____

Appellant/Agent Estimate of Value _____
Real estate valuation appealed is based on 2016 values. Please attach all relevant materials to support the appeal to this form.

Correspondence to be sent to: Name _____
Address _____

Phone _____

(Signature of owner or that of his duly authorized agent, authorization form attached) Date signed _____

You will be notified by mail of the date, time, and place of your appeal hearing.

For use by the Board of Assessment Appeals:

Hearing Date: _____ Time: _____

Location: West Hartford Town Hall, Room 142

Appeal Number: _____

