

**BOARD OF ASSESSMENT APPEALS  
TOWN OF ASHFORD**

Must be filed by February 20<sup>th</sup> annually

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, 20\_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_

APPELLANT'S NAME: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_ MAP/BLOCK/LOT: \_\_\_\_\_

PROPERTY TYPE: \_\_\_Real Estate \_\_\_Personal Property \_\_\_Motor Vehicle

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                      DATE  
(Attach proof of authorization)

**ALL SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.  
(CALL ASSESSORS OFFICE IF FUTHER INFORMATION IS REQUIRED 860-487-4403)**

**THIS FORM MUST BE RECEIVED BY FEBRUARY 20<sup>TH</sup>**

Board of Assessment Appeals  
Town Hall  
5 Town Hall Road  
Ashford, CT 06278

DATE OF HEARING: \_\_\_\_\_ TIME: \_\_\_\_\_ PLACE: \_\_\_\_\_

**AGENT'S CERTIFICATION**

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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 Ashford,  
CT for the assessment year commencing October 1, \_\_\_\_\_

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

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