

FORM - BAA

IN ORDER TO BE GIVEN A HEARING, THIS FORM MUST BE COMPLETED  
AND **“PHYSICALLY RECEIVED” BY FEBRUARY 17, 2017**  
RETURN COMPLETED FORMS TO:

Board of Assessment Appeals  
40 Peck Rd.  
Bethany, CT 06524

**PETITION TO THE  
BOARD OF ASSESSMENT APPEALS  
TOWN OF BETHANY, CONNECTICUT**

***Must be “physically received” by February 17th 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, 2016  
AND  
2015 SUPPLEMENTAL MOTOR VEHICLE LIST

Property Owner’s Name: \_\_\_\_\_ et al

Appellant’s Name: \_\_\_\_\_

Property Location: \_\_\_\_\_  
Number and Street

Map/Lot: \_\_\_\_\_

Property type: \_\_\_\_\_  
(Residential, Commercial, Industrial, Personal Property, Motor Vehicles)

Appellant’s Estimate of Value: \_\_\_\_\_  
(Attach documentation of value, if applicable)

**Note: Real Estate Assessments are based on 70% of market value as of 10/1/2013.**

Reason for appeal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach any documentation which would support your argument.**

Name, mailing address, and phone number of party to be sent correspondence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTINUED ON OTHER SIDE >**

**THIS FORM MUST BE FILLED OUT COMPLETELY**

**CONTINUED FROM OTHER SIDE**

What hours on Monday through Friday from 9:00 AM to 4:00 PM can a member of the Board of Assessment Appeals inspect your property? Please provide a daytime phone number.

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If you are appealing a 2015 Grand List Supplemental Motor Vehicle Assessment, please provide the mileage of the motor vehicle when it was registered:

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Please fill out this section if you want someone to represent you.

**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 Town of Bethany

for the assessment year commencing October 1, 2016.

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

**PLEASE SIGN HERE**

I attest to the fact that all the information provided on this application is true to the best of my knowledge.

\_\_\_\_\_  
Signature of property owner or  
duly authorized agent

\_\_\_\_\_  
Date