FORM-BAA

IN ORDER TO BE GIVEN A HEARING TO APPEAL YOUR PROPERTY ASSESSMENT, THIS FORM MUST BE COMPLETED AND RETURNED (POSTMARKED) BY FEBRUARY 20 OR THE LAST BUSINESS DAY PRIOR.

RETURN COMPLETED FORM TO:

Board of Assessment Appeals 40 Peck Road Bethany, CT 06524-3322

PETITION OT THE BOARD OF ASSESSMENT APPEALS TOWN OF BETHANY, CONNECTICUT

MUST BE POSTMARKED BY FEBRUARY 20 OR THE LAST BUSINESS DAY PRIOR

By the authority of Public Act 95-283 of the State of Connecticut

Please provide the information about each property appeal.

| GRAN | ID LIST | |
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| UIVI | | |

| Property Owner Name | | | |
|----------------------------|-----------------------------|------------------|--|
| Appellant's Name | | | |
| Property Location | | | |
| Map / Lot | Property Type (check one) | | ☐ Commercial ☐ Industrial perty ☐Supplemental MV |
| Appellant's Estimate of Va | lue | | |
| Reason for Appeal: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Please attach any document | ation which would support y | our argument. | |
| Name, mailing address and | phone number of party to re | ceive correspond | lence on this appeal. |
| | | | |
| | | | |

| tact Tel. No. | |
|---|--|
| nis appeal is for a Supplemental I istered? | Motor Vehicle assessment, what was the mileage when it was |
| | |
| Please complete this section if so | omeone will be representing you. |
| Date: | Agent's Certification |
| TO WHOM IT MAY CONCI | ERN:, being the legal owner of property |
| | hereby authorize |
| | to act as my agent in all assessment Appeals of the Town of Bethany for the October 1, |
| Signed | |
| EASE SIGN HERE test that all the information prov | ided on this application is true to the best of my knowledge. |

THERE IS NO APPOINTMENT OR FORM REQUIRED TO APPEAL AN ASSESSMENT FOR A MOTOR VEHICLE BILLED IN JULY. THE HEARING DATE IS IN SEPTEMBER AND IS ANNOUNCED IN THE BETHANY BULLETIN.