Ellington Board of Assessment Appeals

Pursuant to Connecticut General Statute §12-111, an application to appeal an assessment must be filed on or before: **FEBRUARY 20**TH (or MARCH 20TH if grand list extension is granted)

<u>Please note:</u> The Board of Assessment Appeals does not have to schedule a hearing for an incomplete application. All applicable fields must be completed. Please file separate forms for each property/ motor vehicle appealed.

Applications may be sent to: Board of Assessment Appeals c/o Assessor's Office PO Box 199, 55 Main St. Ellington, CT 06029-0199

Application to Appeal

	GRAND LIST					
Real Estate - Ac						
Personal Prope	rty - Name	/Unique ID:				
Motor Vehicle	- Make/Mo	del/VIN:				
		Prop	erty Owner			
Name:						
Address:						
	Appella	1t (PLEASE ATTACH EVIDENCE OF	AUTHORIZATION FOR AGENTS REPRESEI	NTING OWNER)		
Name:						
Address:						
		Correspoi	ndence + Contact			
Name:						
Address:						
Phone Number:						
Reason for Appeal:						
Owner/Appellant's		of Market Value (REQUIRED				
			N OF VALUATION, IF APPLICA	BLE****		
_		AGENT (PLEASE ATTACH EVIDENCE				
(DATE:			
********	EASE DO NO	T WRITE BELOW THIS LINE. FO	R THE BOARD OF ASSESSMENT APPI	EALS USE ONLY**************		
YOUR APPEAL IS SCHED	ULED FOR					
THE FOLLOWING DATE	AND TIME	DATE:TIN	ME: PLACE:			
Your appeal v	was APPRO	VED as shown below	Your ap	Your appeal was DENIED (NO CHANGE)		
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DDEAL CHNANAADV.						
APPEAL SUIVIIVIARY:_						
AS SHOWN ON THE GRAND LIST			THE BOARD OF AS	THE BOARD OF ASSESSMENT APPEALS DECISION		
	X 70% =	GROSS ASSESSMENT	ADJUSTED VALUE	X 70% = GROSS ASSESSMEN		
/IV/PP	X 70% =		MV/PP	X 70% =		
RE LAND	X 70% =		RE LAND	X 70% =		
RE BLG	X 70% =		RE BLG	X 70% =		
	X 7070 -			X 7070 -		
CIONIATUDES OF THE BACK	ADEDC OF THE					
SIGNATURES OF THE MEMBERS OF THE BOARD OF ASSESSMENT APPEALS X			DATE OF DEC	DATE OF DECISION:		
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