

**TOWN OF HAMDEN
BOARD OF ASSESSMENT APPEALS
PROPERTY ASSESSMENT APPEAL APPLICATION 2021 GRAND LIST**

INSTRUCTIONS: Please complete Section A and Section B (if applicable) to initiate the assessment appeal process. Information must be legible. Complete one form for each property account being appealed. All items in Section A **MUST** be completed. If Section B applies, all items in Section B must also be completed. Please note all asterisks and required fields. Incomplete or late applications will **NOT** be processed. Applications missing data in required fields will **NOT** be processed. Connecticut General Statutes 12-111.

NOTE: COMPLETED FORMS MUST BE ON FILE WITH THE ASSESSOR NO LATER THAN FEBRUARY 22, 2022 (CGS 12-111). NO APPEAL WILL BE CONSIDERED UNLESS A WRITTEN APPLICATION IS FILED AND RETURNED TO: THE BOARD OF ASSESSMENT APPEALS, TOWN OF HAMDEN, ASSESSOR'S OFFICE, 2750 DIXWELL AVE, HAMDEN CT 06518. * PLEASE ATTACH ANY SUPPORTING DOCUMENTATION WITH COMPLETED APPLICATION, (IE. PHOTOS, APPRAISALS, SALE COMPARABLES, FIELD CARDS)

SECTION A – APPEAL APPLICATION

*Property Owner(s) (Required): _____

*Name of Signer of Application (Required): _____

*Position of the Signer (Required)-Check One: Owner: _____ Agent: _____ Corp. Officer: _____

Property Owner will be represented by: Self: _____ Agent: _____

NOTE: (If agent is used, the Property Owner must complete Authorization in Section B)

***REQUIRED** – Name of Person and Address to which all notices and correspondence will be sent (list only one):

Phone: _____

*Name (Required)

EMAIL ADDRESS: (Required) _____

*Address (Required)

*City, State, Zip (Required)

***Description of Property Being Appealed (Required)**

Real Estate	Personal Property	Motor Vehicle (2020 Supplemental)
Address: _____ _____ Residential/Commerc/Indust. (Circle)	Address: _____ _____ Unique ID #: _____	Year: _____ Make: _____ Model: _____ Plate No.: _____ VIN No.: _____

*Reason for Appeal (Required): _____

*Owners's estimate of Value of Property being appealed (Required): _____

*Signature of owner or agent (Required)

*Date application signed (Required)

SECTION B -- BOARD OF ASSESSMENT APPEALS AGENT AUTHORIZATION

I/We _____, being legal owner(s) of _____, hereby authorize _____ to act as my/our agent in all matters before the Board of Assessment Appeals of the City of Bridgeport.

Property Owner: _____

*Signature (Required): _____

*Date Signed (Required)

Please retain a date stamped copy of this application; it will serve as your assigned appointment and right of appeal. Incomplete or late applications will not be processed. Applications missing data in required fields will not be processed. Connecticut General Statutes 12-111.