



TOWN OF HAMDEN

**Hamden
Government
Center**

Board of Assessment Appeals

2750 Dixwell Avenue
Hamden, CT 06518
Tel: (203) 287-7676
Fax: (203) 287-7171

NOTICE: BOARD OF ASSESSMENT APPEALS (BAA), Town of Hamden, consistent with Connecticut General Statutes Section 12-110, is holding formal appeal hearings **March 14, 16, 21, 23, and 28, 2023**, at which time taxpayers who believe the valuation of their property related to the assessment of property on the Grand List of October 1, 2022 is not accurate can petition the Board to have their assessment modified.

This form must be completed and received by the Assessor's office by **Friday, February 17, 2023 at 4:15 p.m.** (Due to the President's Day holiday, our office will be closed Monday, February 20, 2023.) Applications received or filed after February 17, 2023 will not be processed. Postmarks dates are not acceptable.

The petition (appeal) form and instructions are available on the Town's website: Hamden Assessor's office Forms and Applications and BAA Process, or one can obtain an application by going to the Assessor's office at the Hamden Government Center.

Failure to file in a timely and complete manner in accordance with Connecticut General Statutes 12-111 will preclude your right of appeal since the BAA will be deprived of jurisdiction to make determinations concerning value, status or other issues of your concern.

Any documentation that the BAA is to review prior to hearings should be submitted with the application (providing (3) three sets). Applicant(s) will receive confirmation and notification of appointment by mail, and/or email.

Please note: At the decision of the Board of Assessment Appeals, hearings will take place in-person during the evening hours only, and deliberations may be held virtually. Hearings will be approximately 10 minutes per person.

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**TOWN OF HAMDEN
BOARD OF ASSESSMENT APPEALS
PROPERTY ASSESSMENT APPEAL APPLICATION 2022 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 17, 2023 (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: _____

_____ EMAIL ADDRESS: (Required) _____

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

Real Estate	Personal Property	Motor Vehicle (2021 Supplemental)
Address: _____	Address: _____	Year: _____
Residential/Commerc/Indust. (Circle)	Unique ID #: _____	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 Town of Hamden.

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.