

TOWN OF KILLINGLY

Killingly Board of Assessment Appeals Request to Appeal Assessment

Please complete the *ITALIC* print sections. Please print or type.

-				
Property Owner:		Grand List of: October 1, 2020 Lis	st #:	
NAME				
Address				
City/State/Zip				
Appellant: if other than re	ecord owner			
Address				
City/State/Zip				
Correspondence & Co	ontact if different from owner above	MOTOR VEHICLE DESCRIPTION:		
NAME		YEAR MAKE		
ADDRESS				
City/State/Zip		MODEL		
Phone Number				
Reason for Appeal:		Appellant's estimate of value:	Appellant's estimate of value:	
		attach documentation of value	ue	
		_		
X				
Signature of property own	ner or duly authorized agent (attach evidence		Date	
	s must be received by the Killingly Bo at your September appeal h		172 Main Street Killingly, CT 06239	
The Board of Assessn	nent Appeals has scheduled a he	aring on the above described property for:		
Place:	Room 102 – first floor	Killingly Town Hall, 172 Main Street, K	illingly, CT	
Day and Date:	Tuesday, September 14, 2021	Time:		
You or your designated agent MUST appear at this hearing. The Board of Assessment Appeals may not				
		fore them. Anyone acting on your behalf	must have a	
letter signed by yo	u stating that they may act on you	ur behalf at the time of the actual hearing.		
Board of Assessment	Appeals Comments and Summa	ry:		
2020 Grand List Assessment		Board of Assessment Appeals Asse	essment	
Poord of Assessment				
Board of Assessment	Appears: (signatures)			
		Date of Board's decision:		
		— —		