



TOWN OF KILLINGLY

Killingly Board of Assessment Appeals Request to Appeal Assessment

Pursuant to CGS §12-111, of the State of Connecticut, an application to appeal an assessment must be filed: **on or before FEBRUARY 20 following the assessment (grand list) date. The *ITALIC* print sections must be completed.** The Board of Assessment Appeals does not have to give a hearing date to incomplete applications. Please print or type.

Property Owner:

NAME

Address

City/State/Zip

Appellant: *if other than record owner*

NAME

Address

City/State/Zip

Correspondence & Contact *if different from owner above*

NAME

ADDRESS

City/State/Zip

Phone Number

Reason for Appeal:

Grand List of: **October 1, 2015**

List #: _____

PROPERTY DESCRIPTION:

TYPE:

Check one

Residential

Commercial/Industrial

Vacant Land

Motor Vehicle: Supple 2014

Motor Vehicle: Regular 2015

Personal Property:

LOCATION AND DESCRIPTION:

NUMBER AND STREET - if real estate

Personal Property: If a motor vehicle Year/Make/Model

Appellant's estimate of value:

attach documentation of value

X

Signature of property owner or duly authorized agent (attach evidence of authorization)

Date

Applications must be delivered to: Killingly Board of Assessment Appeals

172 Main Street

Killingly, CT 06239-6000

Applications must be received by the Killingly Board of Assessment Appeals no later than 4:30 pm on FRIDAY, FEBRUARY 19, 2016 in the Killingly Assessor's Office:

The Board of Assessment Appeals has scheduled a hearing on the above described property for:

Place: Room 102 – first floor

Killingly Town Hall, 172 Main Street, Killingly, CT

Day and Date: _____

Time: _____

You or your designated agent MUST appear at this hearing. The Board of Assessment Appeals may not reduce the list of anyone who does not appear before them. Anyone acting on your behalf must have a letter signed by you stating that they may act on your behalf at the time of the actual hearing.

Board of Assessment Appeals Comments and Summary:

2015 Grand List Assessment/2014 MVS

Board of Assessment Appeals Assessment

Board of Assessment Appeals: (signatures)

Date of Board's decision: _____