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, 2018** List #: _____

PROPERTY DESCRIPTION:

TYPE: *Check one*

Residential	
Commercial/Industrial	
Vacant Land	
Motor Vehicle: Supple 2017	
Motor Vehicle: Regular 2018	
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 5:00 pm on WEDNESDAY, FEBRUARY 20, 2019 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:

_____

_____

2018 Grand List Assessment/2017 MVS _____

Board of Assessment Appeals Assessment _____

Board of Assessment Appeals: (signatures)

_____

_____

_____

Date of Board's decision: _____