

**LIST OF OCTOBER 1, 2015**  
**APPLICATION FOR THE BOARD OF ASSESSMENT APPEALS**  
**CITY OF DANBURY PROPERTY ASSESSMENT APPEAL**

APPEAL TO THE BOARD OF ASSESSMENT APPEALS:

**THIS FORM MUST BE COMPLETED AND  
RECEIVED BY FEBRUARY 22, 2016.**  
POSTMARKS ARE NOT ACCEPTED  
FAXES ARE NOT ACCEPTED

Property

Owner(s) **X** \_\_\_\_\_

Name of the signer (if signer is different from owner) \_\_\_\_\_

Relationship of the signer (if signer is different from owner) \_\_\_\_\_

Property owner will be represented by: self \_\_\_ agent \_\_\_  
(If by agent, must complete authorization form on reverse side)

Name of Person and Address to which all notices and correspondence should be sent (list one address only):

Name **X** \_\_\_\_\_ Telephone No. \_\_\_\_\_

Street **X** \_\_\_\_\_

City, State, Zip Code **X** \_\_\_\_\_

Description of property being appealed: Real Estate \_\_\_ Motor Vehicle \_\_\_ P. Property \_\_\_

Lot number and location: \_\_\_\_\_ P Property account number \_\_\_\_\_

Motor vehicle year, make and model: \_\_\_\_\_

**REASON FOR APPEAL: X** \_\_\_\_\_

Appellant's estimate of the value of the property being appealed: **X** \_\_\_\_\_

**SIGNATURE** OF OWNER OR AGENT (AGENT, IF AUTHORIZATION FORM COMPLETED ON BACK) **X** \_\_\_\_\_

PLEASE NOTE THAT THE ABOVE FORM MUST BE COMPLETED IN ITS ENTIRETY. PROPERTY OWNERS  
OWNING MORE THAN ONE PROPERTY OR VEHICLE MUST FILE A SEPARATE FORM FOR EACH  
ACCOUNT APPEALED. PLEASE TYPE OR PRINT.

\*\*\* NOTICE OF APPEAL HEARING DATE, TIME AND PLACE \*\*\*

DAY: \_\_\_\_\_ DATE: MARCH \_\_\_ 2016 TIME: \_\_\_\_\_

LOCATION OF HEARINGS is to be held in the Assessor's Office, 155 Deer Hill Ave, 2nd Fl.

**IMPORTANT**

**\*\*APPLICATIONS WILL NOT  
BE ACCEPTED WITHOUT A  
MAILING ADDRESS, REASON  
FOR APPEAL AND SIGNATURE**

**DATE:**

**TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_ being the legal owner of property located at: \_\_\_\_\_

hereby authorize \_\_\_\_\_ to act as my agent in all matters before the

Board of Assessment Appeals of the City of Danbury for the assessment year commencing October 1, 2015 Grand List.

(Signed) \_\_\_\_\_ Date \_\_\_\_\_

**A COPY OF THIS FORM WILL BE SENT BACK TO YOU WITH THE DATE AND TIME OF YOUR HEARING.**

**IMPORTANT: Attach additional information, if applicable.**

\_\_\_ Please check here if you are a senior and would like an afternoon hearing.

**COMPLETED FORMS MUST BE RETURNED TO:**

Board of Assessment Appeals  
C/O Assessor's Office  
155 Deer Hill Ave  
Danbury, CT 06810-7769

**DATE AND TIME APPEAL APPLICATION RECEIVED:**

\_\_\_\_\_  
**ASSESSOR'S OFFICE**

**Postmarks are not accepted. Faxes are not accepted.**

City Hall hours are:

Monday, Tuesday and Wednesday: 7:30 AM to 6:00 PM. Thursday's 7:30 AM to 6:30 PM.

**WE ARE CLOSED ON FRIDAYS.**