

**LIST OF OCTOBER 1, 2019
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 **MARCH 20, 2020**

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** _____

IMPORTANT

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

Description of property being appealed: Real Estate _____ Lot number and location: _____
(Check only one) 2018 Supplemental Motor Vehicle _____ Motor vehicle year, make and model: _____
Business Personal Property _____ P Property account number _____

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 APPLICATION FOR EACH
ACCOUNT APPEALED. PLEASE TYPE OR PRINT.**

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

DAY: _____ **DATE:** APRIL _____ 2020 **TIME:** _____

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

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, 2019 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 7:30 AM to 6:30 PM.

WE ARE CLOSED ON FRIDAYS.