



**Board of Assessment Appeals**  
 c/o Assessor's Office  
 18 Church St  
 North Haven, CT 06473

**BOARD OF ASSESSMENT APPEALS APPLICATION**

Pursuant to sec. § 12-111 of the Connecticut General Statutes, a written application to appeal an assessment must be filled on or before February 20, 2024.

**Meeting Date: March 11, 2024 Time: By Appointment**

**\*\*\* The Applicant or a Representative Must Attend the Hearing \*\*\***

ACCOUNT NUMBER:	<input type="text"/>	PROPERTY TYPE:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial / Industrial	<input type="checkbox"/> Personal Property
OWNER OF RECORD:	<input type="text"/>	PROPERTY LOCATION:	<input type="text"/>		

CONTACT INFORMATION:	Name: <input type="text"/>		
	Address: <input type="text"/>		
	City: <input type="text"/>		
	State: <input type="text"/>	Zip: <input type="text"/>	Phone: <input type="text"/>

**REASON FOR APPEAL**

What is your estimate of the fair market value of the property? (required)	\$ <input type="text"/>
Describe reasons for change in property value and/or attach documentation supporting opinion of value.	

Signature of Property Owner or Representative:

**\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\***

APPEAL NUMBER: <input type="text"/>	APPOINTMENT DATE: <input type="text"/>	TIME: <input type="text"/>
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Remarks/ Action of the Board:

Attest: Chairman: \_\_\_\_\_ Board Members: \_\_\_\_\_  
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