

BOARD OF ASSESSMENT APPEALS APPLICATION

Please complete the application and return it to the Assessor's Office. Applications must be received **ON OR BEFORE** February 19, 2021, per Connecticut law: **no** applications will be accepted after this date. You need to file **one** application for **each** property account being appealed.

A notice will be sent to you no later than March 1, indicating the date and time of your hearing. Hearings will be held in Town Hall during the month of March. **Appointments will not be changed from those assigned by the Board.**

You or your agent must appear before the Board of Assessment Appeals for your appeal to be considered. Your agent must present written proof of authority.

For real estate appeals, you may present documentation to the board that shows that your property is over-valued or is valued inequitably when compared to similar properties based on the 2020 revaluation (**October 1, 2020 market value**). You cannot base your appeal solely on the fact that you feel your taxes are too high, or that they may have increased more than others.

The results of your hearing will be returned to you **after** the Board has finished their duties, indicating the results of their deliberations.

Assessor's Office, Town of Prospect

TOWN OF PROSPECT

Town Hall, 36 Center St 06712

OFFICE OF THE ASSESSOR

Office (203) 758 4461

Fax (203) 758 7230

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Assessor's Office
Town of Prospect

TOWN OF PROSPECT

PROPERTY ASSESSMENT **APPEAL APPLICATION** TO THE BOARD OF ASSESSMENT APPEALS
INSTRUCTIONS: Please complete this application in its entirety. Please type or print legibly. Complete **one** form for **each** property being appealed. **NOTE: COMPLETED APPLICATION MUST BE RETURNED ON OR BEFORE FEBRUARY 19, 2021. NO APPEAL WILL BE CONSIDERED UNLESS A WRITTEN APPLICATION IS SUBMITTED TIMELY.** (C. G. S. §§12-111 AMENDED PA 95-283)

APPEAL APPLICATION

Property Owner(s) _____

Name of Signer of Application _____

Position of the Signer: owner _____ agent _____ corp. officer (*identify*) _____

Property owner will be represented by: self _____ agent _____
(*If by agent, owner must bring authorization form attached*)

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

_____	_____
Name	Phone

Street	

City, State, Zip Code	

Description of the property being appealed (location # and street address if real estate, year/make/marker # if motor vehicle, Business name if personal property)

For the Grand List of October 1, 2020 Real Estate _____ Motor Vehicle _____ Personal Property _____

Reason for the Appeal: _____

Appellant's estimate of value for October 1, 2020:

Please check preferred time of appointment:

Weekday: _____ Evening: _____

Saturday (if available): _____ (Alternate if Saturday appointments are not available: Day: _____ Evening _____)

Signature of Owner _____
Date

AGENT'S CERTIFICATION

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 Town/City of Prospect, Connecticut

for the assessment year commencing October 1, 2020

(Signed) _____