



CITY OF MIDDLETOWN BOARD OF ASSESSMENT APPEALS

By authority of Public Act 95-283, of the State of Connecticut
Please print or type the following information about each property appealed

THIS FORM MUST BE COMPLETED AND PHYSICALLY RECEIVED IN THE OFFICE OF THE ASSESSOR BY March 20, 2010 IN ORDER TO BE GIVEN A HEARING.

PLEASE BRING IN ITEMS INCLUDING BUT NOT LIMITED TO PHOTOS, APPRAISALS AND OTHER DOCUMENTS THAT WILL AID THE BOARD WITH THEIR DELIBERATION.

Grand List of October 1, _____

Property Owner's Name: _____

Appellant's Name: _____

Property location: _____
number and street (unit if available)

Property type: _____
(residential, commercial, industrial, personal property, motor vehicle)

Reason for appeal : _____

Appellant's estimate of value: _____

ALL APPOINTMENTS WILL BE SCHEDULED

Send Correspondence to:

Name _____ Address _____

City/State _____ Phone _____

Signature of property owner or authorized agent
(Attach evidence of authorization)

Date

