

Appeal No. 16-
Hearing Date: / /

TOWN OF REDDING BOARD OF ASSESSMENT APPEALS
100 Hill Road, PO Box 1028 Redding, CT 06876
APPEAL FORM FOR OCTOBER 1, 2016 GRAND LIST

To Receive Consideration
ALL Required Information
Must be Filled In
Completely

All forms must be received by the Assessor's Office by February 21st, 2017

**You will receive notification by mail or email (if noted below) as to the date and time of your appointment.
All appeals will be *by appointment only*, no walk-ins.**

Pursuant to the General Statutes of the State of Connecticut, the undersigned appeals from the assessment as fixed by the Assessor to the Board of Assessment Appeals for equalization and adjustment on the following described property.

Listed Owner: _____ **List #** _____
Street Location of Property _____ **Lot #** _____
Mailing Address of Owner: _____
Mailing Address of Agent: _____
Email Address of Owner/Agent: _____
Owner telephone: () _____ **Agent Phone:** () _____

**CHECK SQUARE BELOW OF PROPERTY BEING APPEALED AND FILL IN REQUIRED INFORMATION*

RESIDENTIAL
Description: Single Family 2 Family 3 Family Condo Vacant lot Other _____
Gross Rental Rec'd: _____ Age of Building: _____ If New, Cost of Construction: _____
Total Purchase Price _____ Year Purchased: _____
Assessment 10/1/2016 Land: _____ Buildings: _____ Total: _____
Appeal is denied if not completed. Opinion of Fair Market Value as of October 1, 2012 (entire property) _____

COMMERCIAL OR INDUSTRIAL
Description of Property: _____
Number of Stores: _____ Number of Families: _____ Age of Building(s): _____
If New, Cost of Construction: _____ Year Purchased: _____ Total Purchase Price _____
If Leased, state whether Gross lease or Net lease: _____
Gross Income and Expenses: _____
Submit copies of Current and Prior Years' Operating Statements: _____
Assessment 10/1/2016, Land: _____ Buildings: _____ Total: _____
Appeal is denied if not completed. Opinion of Fair Market Value as of October 1, 2012 (entire property) _____

COMMERCIAL VACANT LAND ONLY
Year Purchased: _____ Total Purchase Price _____ Assessment Total 10/1/2016: _____
State Condition of the Land: _____
Appeal is denied if not completed. Opinion of Fair Market Value as of October 1, 2012 (entire property) _____

PERSONAL PROPERTY
Appeal is denied if Book Value estimates are not provided.
Book Value of Furniture & Fixtures: _____ Date: _____
Book Value of Machinery & Equip: _____ Date: _____
Assessment Total 10/1/2016: _____

MOTOR VEHICLE (2016 Supplemental Grand List) *Please provide a copy of tax bill*
Make of Vehicle: _____ Model: _____ Body Style: _____
VIN Number: _____ Plate #: _____ List # _____ Assessment: _____
Appeal is denied if not completed. Opinion of Fair Market Value as of October 1, 2012 (entire property) _____

REASON FOR APPEAL (Attach Additional Sheets if needed): _____

Upon reasonable notice, the undersigned agrees to appear before the Board of Assessment Appeal and answer all further questions pertaining to the above appeal. The undersigned deposes and says that the above statements are true.

Signature of Owner: _____ **Signature of Agent:** _____
Printed Name of Owner: _____ Printed Name of Agent: _____
Date of Signature: _____ Date of Signature: _____

As provided for by Connecticut General Statute Sec. 12-117a: Any person, including any lessee of real property who is bound under terms of his lease to pay real property taxes, claiming to be aggrieved by the action of the Board of Assessment Appeals, may, within two months from the date of the mailing of the notice of action, make application, in the nature of an appeal of the assessment list for the assessment year commencing October 1, 2016, to the Danbury Superior Court, which shall be accompanied by a citation to the Town to appear before said court.

