| Appeal No. 20-_____ |
|---|
| Hearing Date: __/__/__ |

# TOWN OF REDDING BOARD OF ASSESSMENT APPEALS

100 Hill Road, PO Box 1028 Redding, CT 06875

## APPEAL FORM FOR OCTOBER 1, 2019 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 20th, 2020**

**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 10/1/2019 Land:_____ Buildings:_____ Total: _____

**Appeal is denied if not completed.** Opinion of Fair Market Value as of October 1, 2017 (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 10/1/2019, Land:_____ Buildings:_____ Total: _____

**Appeal is denied if not completed.** Opinion of Fair Market Value as of October 1, 2017 (entire property)_____

☐ **COMMERCIAL VACANT LAND ONLY**

Year Purchased: _____ Total Purchase Price_____ Assessment Total 10/1/2019: _____

State Condition of the Land:_____

**Appeal is denied if not completed.** Opinion of Fair Market Value as of October 1, 2017 (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 10/1/2019: _____

☐ **MOTOR VEHICLE** (2019 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, 2017 (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, 2019, to the Danbury Superior Court, which shall be accompanied by a citation to the Town to appear before said court.

Rev 12/11/10

Appointment Date & Time: _____, 2020 @ _____ a.m. / p.m.

## *For Board use only:*

**Attendees:**

_____ _____

_____ _____

_____ _____

**Notes of Hearing:**

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**Attachments** (check one): **Yes** ☐ **No** ☐

**Recommendations:**

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☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆

**Action:**

_____

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**Date of Action:**

**This side for Board of Assessment Appeals Members Use Only.**