

**TOWN OF CLINTON, CONNECTICUT****Board of Assessment Appeals**Applications should be delivered  
to:Board of Assessment Appeals  
Town of Clinton  
54 East Main Street  
Clinton, CT 06413

Pursuant to P.A. 95-283, of the State of Connecticut, an application to appeal an assessment  
**must be filed on or before Friday, February 20th before 12:00 p.m. in order to be considered for a hearing.**

All shaded areas of this form must be completed by the applicant. Incomplete applications will not be scheduled for a hearing by the Board of Assessment Appeals. Please type your information in the shaded areas, then print the completed form, sign it and either mail or deliver it to the Assessor's Office no later than February 20th.

**Application to Appeal**

| Property Owner  |                               | Grand List of                                 | List No   |
|---|-------------------------------|---|---|
| Name  |                               | Property Description                          |   |
| Address   |                               | No. & Street                                  |   |
| City/State/Zip  |                               | Map/Block/Lot                                 | (If Available)  |
|   | Applicant                     | Property Type                                 | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Personal Property <input type="checkbox"/> Industrial |
| Name  |                               | Reason for appeal:                            |   |
| Address   |                               |   |   |
| City/Address/Zip  |                               |   |   |
|   | Correspondence & Contact Info |   |   |
| Name  |                               |   |   |
| Address   |                               | Appellant's estimate of Appraised Value       |   |
| City/Address/Zip  |                               |   |   |
| Phone No.   |                               | (Attach documentation of value if applicable) |   |
| Signature of Property owner or duly authorized agent (attach evidence of authorization) |                               |   | Date  |
| X   |                               |   |   |

|  |      |      |       |
|--|------|------|-------|
| Board of Assessment Appeals has<br>scheduled an appointment as<br>follows: | Date | Time | Place |
|--|------|------|-------|

|                |  |
|----------------|--|
| Appeal Summary |  |
|----------------|--|

|                   |            |                             |
|-------------------|------------|-----------------------------|
| Assessments       | Grand List | Board of Assessment Appeals |
| Land              |            |                             |
| Building          |            |                             |
| Miscellaneous     |            |                             |
| Total             |            |                             |
| Personal Property |            |                             |

Board of Assessment Appeals: (Signatures)

X

X

X

Date of Boards Decision: