



TOWN OF SUFFIELD

Town Hall, 83 Mountain Road, Suffield, Connecticut 06078

OFFICE OF THE ASSESSOR

Office (860) 668-3866

Fax (860) 668-3315

BOARD OF ASSESSMENT APPEALS APPLICATIONS

Please complete the application and return it to the Assessor. Applications for the upcoming Real Estate, Personal Property of businesses or Motor Vehicle bills must be received by **February 20**, per Connecticut law; no applications will be accepted after this date. You need to file **one** application for **each** property account being appealed.

Applications for the September **Motor Vehicle** Board Hearings, after motor vehicle bills have been sent, must be returned prior to the hearing dates.

A notice will be sent to you no later than MARCH 1, indicating the date and time of your appointment. Hearings will be held in Town Hall during the month of March.

Appointments will not be changed from those assigned by the Board. We will make every attempt to satisfy your time requested on the application.

You or your agent must appear before the Board of Assessment Appeal 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 2018 revaluation. You cannot base your appeal solely on the fact that you feel your taxes are too high, or that they may increase.

The results of your hearing will be returned to you **after** the Board deliberates your appeal, indicating the results of their deliberations.

Please contact this office at (860) 668-3866 if you have any questions.

Assessor's Office
Town of Suffield

PETITION TO THE
BOARD OF ASSESSMENT APPEALS
TOWN OF SUFFIELD

Must be filed by February 20th

Please print or type the following information about each property appealed.

GRAND LIST OF OCTOBER 1, 20_____

PROPERTY OWNERS NAME: _____

APPELLANT'S NAME: _____

ACCOUNT# _____ LIST # _____

PROPERTY TYPE: REAL ESTATE ____

Property

Location: _____ MAP/BLOCK/LOT: _____

MOTOR VEHICLE ____

Year _____ Make _____ Model _____ List # _____

PERSONAL PROPERTY ____

List # _____

REASON FOR

APPEAL: _____

APPELLANT'S ESTIMATE OF FULL 2018 MARKET VALUE:

Name, address, phone number and email of party to be sent correspondence:

Telephone :

Email :

Signature of owner or agent
(Attach proof of authorization)

Date

ALL SECTIONS MUST BE COMPLETED

THIS FORM MUST **BE FILED BY FEBRUARY 20TH** AND RETURNED TO:

Board of Assessment Appeals
83 Mountain Rd.
Suffield CT 06078

AGENT'S CERTIFICATION
[Bring signed to hearing]

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 _____

for the assessment year commencing October 1, 20_____

(Signed)

SEPTEMBER MOTOR VEHICLE
PETITION TO THE
BOARD OF ASSESSMENT APPEALS
TOWN OF SUFFIELD

Please print or type the following information about each vehicle appealed.

GRAND LIST OF OCTOBER 1, 20_____

OWNERS NAME: _____

APPELLANT'S NAME: _____
(if different)

Year_____Make _____ Model _____ LIST #_____

REASON FOR
APPEAL: _____

APPELLANT'S ESTIMATE OF VALUE: _____

Name, address, phone number and email of party to be sent correspondence:

Telephone: _____ Email: _____

Signature of owner or agent
(Attach proof of authorization)

Date

ALL SECTIONS MUST BE COMPLETED

THIS FORM MUST BE RETURNED TO:

Board of Assessment Appeals
c/o Assessor's Office
83 Mountain Rd.
Suffield CT 06078