

Ellington Board of Assessment Appeals

Pursuant to Connecticut General Statute §12-111, an application to appeal an assessment must be filed on or before: **February 20th, 2024**

Please note: The Board of Assessment Appeals does not have to schedule a hearing for an incomplete application. **All applicable fields must be completed.** Please file separate forms for each property/ motor vehicle appealed.

Applications may be sent to:
Board of Assessment Appeals
C/O Assessor's Office
PO Box 187, 55 Main Street
Ellington, CT 06029-0187

Application to Appeal

Property Description (PLEASE CHECK ONE)

_____ Real Estate - Property Location: _____
_____ Personal Property - Name/Unique ID: _____
_____ Motor Vehicle - Make/Model/VIN: _____

Grand List _____

Property Owner

Name: _____
Address: _____

Appellant/Agent (PLEASE ATTACH EVIDENCE OF AUTHORIZATION FOR AGENT REPRESENTING OWNER)

Name: _____
Address: _____

Correspondence & Contact Information

Name: _____ Phone: _____
Address: _____ Email: _____

Reason for Appeal: _____

Appellant/Agent Estimate of Value (REQUIRED BY STATUTE): \$ _____

*****Attach supporting documentation for this appeal with submission of this form.*****

Signature of Owner or Authorized Agent (IF AGENT PLEASE ATTACH EVIDENCE OF AUTHORIZATION)

X _____ DATE: _____

*****PLEASE DO NOT WRITE BELOW THIS LINE. FOR THE BOARD OF ASSESSMENT APPEALS USE ONLY*****

YOUR APPEAL IS SCHEDULED FOR THE FOLLOWING DATE AND TIME	DATE:	TIME:	PLACE:
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_____ Your appeal was **APPROVED** as shown below

_____ Your appeal was **DENIED** (NO CHANGE)

Appeal Summary/Reason for Denial: _____

VALUE AS SHOWN OF THE GRAND LIST

MOTOR VEHICLE: \$ _____
PERSONAL PROPERTY: \$ _____
REAL ESTATE: \$ _____

THE BOARD OF ASSESSMENT APPEALS VALUE

MOTOR VEHICLE: \$ _____
PERSONAL PROPERTY: \$ _____
REAL ESTATE: \$ _____

SIGNATURES OF THE MEMBERS OF THE BOARD OF ASSESSMENT APPEALS

X _____
X _____
X _____

DATE OF DECISION: _____