

**PETITION TO THE
BOARD OF ASSESSMENT APPEALS
TOWN OF PUTNAM, CT**

Must be filed by February 20th, 2025

GRAND LIST OF OCTOBER 1, 2024

In accordance with Connecticut General Statute §12-111, please provide the following information.

Property owner's name: _____

Appellant's name (if different from owner): _____

Property location: _____
Number and Street

Property type: _____
(Residential, commercial, industrial, personal property, motor vehicles)

Reason for appeal: _____

Appellant's estimate of value: _____
(Attach documentation of value, if applicable.)

Name of party to be sent correspondence: _____

Mailing address: _____

Email address: _____

Phone number: _____

**Signature of property owner or
duly authorized agent
(Attach proof of authorization.)**

Date

THIS FORM MUST BE FILED BY FEBRUARY 20th, 2025 AND RETURNED TO:

**Board of Assessment Appeals
Town of Putnam
200 School Street
Putnam, CT 06260**

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Date, time, and place of hearing: _____

Appeal Number: _____