

Ellington Board of Assessment Appeals

Pursuant to CGS §12-111, an application to appeal an assessment MUST be received in office on or before: _____

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)

Grand List _____

_____ Real Estate - Property Location: _____

_____ Personal Property - Name/Unique ID: _____

_____ Motor Vehicle - Make/Model/VIN: _____

Property Owner

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

Name: _____

Name: _____

Address: _____

Address: _____

Correspondence & Contact Information

Name: _____

Phone: _____

Address: _____

Email: _____

Reason for Appeal: _____

Estimate of Market 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: |
|---|-------|-------|--------|

BOARD ACTION: No Change _____ Reduced _____ Increased _____

Appeal Summary/Reason for Denial: _____

ASSESSED VALUE AS SHOWN OF THE GRAND LIST

LAND: \$ _____

BUILDING: \$ _____

OUTBUILDING: \$ _____

TOTAL: \$ _____

MOTOR VEHICLE: \$ _____

PERSONAL PROPERTY: \$ _____

THE BOARD OF ASSESSMENT APPEALS ASSESSED VALUE

LAND: \$ _____

BUILDING: \$ _____

OUTBUILDING: \$ _____

TOTAL: \$ _____

MOTOR VEHICLE: \$ _____

PERSONAL PROPERTY: \$ _____

SIGNATURES OF THE MEMBERS OF THE BOARD OF ASSESSMENT APPEALS

X _____

X _____

X _____

DATE OF DECISION: _____

Per CGS 12-117a, this action may be appealed to Superior Court within two months of the mailing of the decision.