

PETITION TO THE BOARD OF ASSESSMENT APPEALS TOWN OF MADISON, CONNECTICUT

*Must be filed by **February 20th** annually*

By authority of Public Act 95-283, of the State of Connecticut
Please print or type the following information about each property appealed

GRAND LIST OF OCTOBER 1, _____

❖ Property owner's name: _____

❖ Appellant's Name: _____

❖ Property location: _____
Number and street

❖ Map/Lot: _____

❖ Property Type: _____
(Residential, commercial, industrial, personal property, motor vehicle)

❖ Reason for appeal: _____

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

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

❖ _____

Signature of property owner or Duly authorized agent
(Attach proof of authorization)

❖ _____

Name

❖ **SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.**

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

Board of Assessment Appeals
Town of Madison
8 Campus Drive
Madison, CT 06443

Date, time, and place of hearing: _____

Appeal Number: _____