

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

Must be filed in the Assessor's Office **before** February 20th.
Office hours are Monday thru Friday 8:30 a.m. – 4:00 p.m. Closed Weekends.

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, 2009

❖ 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 telephone number of party to be sent correspondence:

❖ _____ Date: _____
Signature of property owner or Duly Authorized Agent
(Attach proof of authorization)

❖ _____
Print Name

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

THIS FORM MUST BE FILED BEFORE 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: _____