

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

Must be filed in the Assessor's Office **before** February 20<sup>th</sup>.  
Office hours are Monday thru Friday 8:30 a.m. – 4:00 p.m.  
Closed Weekends and on February 20, 2012

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

GRAND LIST OF OCTOBER 1, 2011

❖ Property owner's name: \_\_\_\_\_

❖ Appellant's name: \_\_\_\_\_

❖ Property location: \_\_\_\_\_

Number and Street

❖ Unique ID#: \_\_\_\_\_ 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 20<sup>TH</sup> AND RETURNED TO:**

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

Date, time, and place of hearing: \_\_\_\_\_

Appeal Number: \_\_\_\_\_