DEEP RIVER ***Return by FEBRUARY 20, 2013*** **PROPERTY ASSESSMENT APPEAL**

APPEAL TO THE BOARD OF ASSESSMENT APPEALS:

Property Owner(s) _____

Name of the signer (If signer is different from the owner) _____

Position of the signer (If signer is different from the owner) _____

Property owner will be represented by: Self _____ Authorized Agent _____ **(See over)**

(If by authorized agent, must complete authorization form on reverse side.) →

Name of person and address to which all notices and correspondence should be sent (***list one address only***)

Name: _____

Street: _____

City, State, Zip Code: _____

Description of the property being appealed: ***(location if real estate, year/make/model/marker number if motor vehicle)***

_____

For the Supplemental Motor Vehicle Grand List of October 1, 2011: _____
For the Grand List of October 1, 2012: Real Estate ____ Motor Vehicle ____ Personal Property ____

Reason for the appeal: _____

Appellant's estimate of the value of the property being appealed: _____

Signature of the owner or authorized agent **(If agent, authorization on back must be completed)**
I hereby declare the information provided is accurate. If the assessment is reduced,
I hereby request a refund of any over payment that has been made for this property.

Date appeal signed:

_____ _____

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PLEASE NOTE THAT THE ABOVE FORM MUST BE COMPLETED IN ITS ENTIRETY.
PROPERTY OWNERS WHO OWN MORE THAN ONE PROPERTY OR VEHICLE *MUST FILE A SEPARATE FORM FOR EACH ACCOUNT* TO BE APPEALED.

PLEASE TYPE OR PRINT LEGIBLY.

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NOTICE OF APPEAL HEARING TIME AND PLACE: The appeal hearing will be held at the Deep River Town Hall on _____, 2013, at _____

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(For Board of Assessment Appeals use only) Date notice of hearing time mailed: February____, 2013
Date notice of decision was mailed: _____, 2013

The above appeal was heard at a meeting of the Board of Assessment Appeals held on _____, 2013.
It was voted as follows at a meeting held on _____, 2013.
_____ Petition dismissed (no hearing)
_____ Petition denied
_____ Petition granted as follows:
_____ Assessment increased as follows:

_____ - _____ = _____
Current assessment **Change** **New Assessment**

_____ Chairperson

AGENT'S CERTIFICATION

Date:_____

To Whom It May Concern: I, _____ Being the legal owner of property located at:_____hereby authorize_____to act as my agent in all matters before the Board of Assessment Appeals of the Town of Deep River for the assessment year commencing October 1, 2012.

Signed_____

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

BOARD OF ASSESSMENT APPEALS
C/O: THE ASSESSOR'S OFFICE
174 MAIN STREET
DEEP RIVER, CT 06417