BOARD OF ASSESSMENT APPEALS  
TOWN OF EAST GRANBY  
APPLICATION TO APPEAL  

Grand List of October 1, ________

Pursuant to PA 95-283 of the State of Connecticut, an application to appeal an assessment must be filed on or before **February 20**, Sections up to and including signature line must be completed. The Board of Assessment Appeals does not have to give a hearing date to incomplete applications. Please type or print.

Property Owner’s Name:__________________________________________

Appellant’s Name:______________________________________________

Property Location:______________________________________________

Map/Lot:________________________________________________________

Property Type:____________________________________________________
(residential, commercial, industrial., personal property, motor vehicle)

Reason for Appeal:______________________________________________

Appellant’s estimate of value:_____________________________________

Correspondence and Contact:
Name:__________________________________________________________

Mailing Address:________________________________________________

City/State/Zip:__________________________________________________

Phone number:__________________________________________________


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Signature of property owner or duly appointed agent (attached evidence of authorization)

X________________________________________Date:____________________

PLEASE NOTE THAT THE ABOVE FORM MUST BE COMPLETED IN ITS ENTIRETY. PROPERTY OWNERS OWNING MORE THAN ONE PROPERTY OR VEHICLE MUST FILE A SEPARATE FORM FOR EACH ACCOUNT APPEALED. PLEASE TYPE OR PRINT LEGIBLY.

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

Board of Assessment Appeals
Town of East Granby
PO Box 1858
East Granby, CT 06026