

**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, 2024**. 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: _____

Property Location: _____

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: _____

Email: _____

Preferred Method of Correspondence: mail or email

Signature of Property Owner...or duly appointed agent
(attach mandatory evidence of authorization)

X _____ Date: _____

THIS FORM MUST BE FILED BY FEBRUARY 20, 2024 AND RETURNED TO:

Board of Assessment Appeals
Town of East Granby
9 Center Street
East Granby, Connecticut 06026

