

APPLICATION FOR ASSESSMENT APPEAL

TOWN OF NORFOLK PROPERTY ASSESSMENT APPEAL

Must be completed and received or postmarked by March 20, 2009

(by authority of Public Act 95-283 of the CGS)

Name of Property Owner(s): _____
(Please Print)

Name of the Signer of this Application (If signer is other than owner): _____

Position/Title of Signer (If signer is other than owner): _____

Property Owner will be represented by: Self _____ Agent _____
(If the Owner will be represented by an Agent the Certification on the back of this form must be completed.)

Name of the Person and Address to which notices and correspondence should be sent:
(One person/address only)

Please Print: Name: _____ Telephone: _____
 Street: _____ Email: _____
 Town, State & Zip: _____

Nature of the Appeal for most recent Grand List Year (Check one):
 Real Estate _____ Motor Vehicle _____ Personal Property _____

Description of Property Being Appealed (i.e. Nature and location of real estate, etc. If automobile give the year, make, model and marker number): _____

Reason for the Appeal: _____

Appellant's Estimate of the Value of the Property Being Appealed: _____

Hearing Date Preference: A week day evening _____ Saturday in A.M. _____

➤ Signature of Owner or Agent: _____ Date: _____
(If Agent, Certification on the back of this form must be completed.)

Please Note: This form must be completed in its entirety. Property owners owning more than one piece of real estate or vehicle must file a separate Application form for each property assessment being appealed. Please type or print legibly.

Completed forms should be returned to: TOWN OF NORFOLK Board of Assessment Appeals
19 Maple Ave., PO Box #552, Norfolk, CT 06058

THIS PART TO BE COMPLETED BY BOARD OF ASSESSMENT APPEALS:

Your Appeal Hearing is to be held on _____ at _____.

All hearings are conducted at the Town Hall unless you are informed otherwise.

OWNER'S CERTIFICATION OF AGENT

To Whom It May Concern:

I, _____, being the legal Owner of property located at _____
(Owner's Name Printed)

_____, hereby authorize _____
(Agent's Name Printed)

to act as my Agent in all matters before the Norfolk Board of Assessment Appeals

for this most recent Grand List year.

Signed: _____

Dated: _____