

**TOWN OF NORFOLK**  
**APPLICATION FOR ASSESSMENT APPEAL**

**October 1, 2016 Grand List**

**Must be completed and received on or before February 20, 2017.**

**Name of Property Owner(s):** \_\_\_\_\_  
(Please Print)

**Name of Authorized Agent:** (if applicable) \_\_\_\_\_  
(If representation by an Agent, the Certification on the back of this form must be completed.)

**Name and Address where notices and correspondence should be sent:** (One person/address only)

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. Property location of real estate, etc. If for motor vehicle, please provide the year, make, model and marker number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for the Appeal:** (Please provide written documentation supporting your claim) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Appellant's Estimate of the Value of the Property Being Appealed:** \_\_\_\_\_

**Hearing Date Preference:**    **Week day evening:** \_\_\_\_\_    **Saturday morning:** \_\_\_\_\_

➤ **Signature of Owner or Agent:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Please Note:** This form must be completed in its entirety. Property owners owning more than one parcel of real estate or vehicle must file a separate application form for each property assessment being appealed. Please type or print legibly. Completed forms must be returned to:

**TOWN OF NORFOLK**  
**Board of Assessment Appeals**  
**c/o Assessor's Office**  
**19 Maple Ave. P.O. Box #552**  
**Norfolk, CT 06058-0552**

For questions or additional information, please contact the Assessor's Office at 860-542-5287 or by email to [norfolkassessor@yahoo.com](mailto:norfolkassessor@yahoo.com).

**OWNER'S CERTIFICATION OF AGENT**

I, \_\_\_\_\_, being the legal Owner of property located at  
(Owner's Name)

\_\_\_\_\_ 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:** \_\_\_\_\_