

STAMFORD BOARD OF ASSESSMENT APPEALS

888 Washington Boulevard, P.O. Box 10152, Stamford, CT 06904-2152

APPEAL FORM FOR OCTOBER 1, 2017 GRAND LIST

To Receive Consideration
ALL Required Information
Must be filled in completely.

No. _____
Hearing Date: _____

All forms must be submitted to the Assessor's Office by February 20th, 2018

You will receive **notification by mail** as to the date and time of your appointment.

All appeals will be *by appointment only, no walk-ins.*

NOTE: Assessed value is based on the October 1, 2017 Revaluation.

Pursuant to the General Statutes of the State of Connecticut, the undersigned appeals from the assessment as fixed by the Assessor to the Board of Assessment Appeals for equalization and adjustment on the following described property.

Listed Owner: _____ List # _____

Street Location of Property _____ Lot # _____

Mailing Address of Owner: _____

Mailing Address of Agent: _____

Owner telephone: () _____ Agent Phone: () _____

**CHECK SQUARE BELOW OF PROPERTY BEING APPEALED AND FILL IN REQUIRED INFORMATION*

RESIDENTIAL
Description: Single Family 2 Family 3 Family Condo Vacant lot other _____
Gross Rental Rec'd: _____ Age of Building: _____ If New, Cost of Construction: _____
Total Purchase Price _____ Year Purchased: _____ Opinion of Fair Market Value (entire property) _____
Assessment 10/1/2017 TOTAL: _____

COMMERCIAL OR INDUSTRIAL (Includes apartments of 4 or more units):
Description of Property: _____
Number of Stores: _____ Number of Families: _____ Age of Building(s): _____
If New, Cost of Construction: _____ Year Purchased: _____ Total Purchase Price _____
If Leased, state whether Gross lease or Net lease: _____ Gross Income and Expenses: _____
Submit copies of Current and Prior Years' Operating Statements: _____
Opinion of Fair Market Value (entire property) _____ Assessment 10/1/2017, Total: _____

COMMERCIAL VACANT LAND ONLY
Year Purchased: _____ Total Purchase Price _____ Assessment Total 10/1/2017: _____
State Condition of the Land: _____
Opinion of Fair Market Value (entire property) _____

PERSONAL PROPERTY
Book Value of Furniture & Fixtures: _____ Date: _____ Assessment Total 10/1/2017: _____
Book Value of Machinery & Equip: _____ Date: _____ Opinion of Value 10/1/2017: _____

MOTOR VEHICLE (2016 Supplemental Grand List)
Make of Vehicle: _____ Model: _____ Body Style: _____ VIN Number: _____
List # _____ Assessment: _____ Opinion of Fair Market Value: _____

REASON FOR APPEAL (Attach Additional Sheets if needed): _____

Upon reasonable notice, the undersigned agrees to appear before the Board of Assessment Appeal and answer all further questions pertaining to the above appeal. The undersigned deposes and says that the above statements are true.

Signature of Owner: _____ Signature of Agent: _____

Printed Name of Owner: _____ Printed Name of Agent _____

AGENT'S CERTIFICATION

I, _____ being the legal owner of the above-mentioned property authorize _____ to act as my agent in all matters before the Board of Assessment Appeals of the City of Stamford.

(Owner's signature authorizing Agent's Service)

As provided for by Connecticut General Statute Sec. 12-117a: Any person, including any lessee of real property who is bound under terms of his lease to pay real property taxes, claiming to be aggrieved by the action of the Board of Assessment Appeals, may, within two months from the date of the mailing of the notice of action, make application, in the nature of an appeal of the assessment list for the assessment year commencing October 1, 2017, to the Stamford Superior Court, which shall be accompanied by a citation to the city to appear before said court.

