

PETITION TO THE BOARD OF ASSESSMENT APPEALS  
TOWN OF WATERTOWN

**PERSONAL PROPERTY**

**MUST BE FILED IN THE ASSESSOR'S OFFICE BY FEBRUARY 20<sup>th</sup>**

By the authority of Connecticut General Statute 12-111, 12-53, 12-114  
Please print or type all of the information below

Grand List of October 1<sup>st</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TOWN'S CURRENT ASSESSMENT: \_\_\_\_\_

APPELLANTS ESTIMATE OF VALUE: \_\_\_\_\_

Description of Property that is the subject of this appeal: \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_

You must provide IRS forms, accounting records, and other relevant documents at the time of your hearing.

The undersigned agrees to appear before the Board of Assessment Appeals and answer, under oath, all further questions pertaining to the property referenced above. Date and Time of the appointment will be provided to the property owner by March 1<sup>ST</sup> unless an extension has been granted. (If granted, by April 1<sup>st</sup>)

Signature of Property Owner or Duly Authorized Agent: \_\_\_\_\_

Name and position of Signer: \_\_\_\_\_ (Attach proof of authorization)

Mailing Address: \_\_\_\_\_ (To which all notices should be sent)

**THIS FORM MUST BE COMPLETED ENTIRELY AND RECEIVED IN THE ASSESSOR'S OFFICE BY  
FEBRUARY 20<sup>th</sup>, IN ORDER TO BE GIVEN A HEARING DATE.**

You may file electronically. **No postmarked envelopes can be accepted**

**COMPLETED FORMS MUST BE RETURNED TO: BOARD OF ASSESSMENT APPEALS, TOWN OF WATERTOWN  
C/O ASSESSOR'S OFFICE  
61 ECHO LAKE RD WATERTOWN, CT 06795 (860) 945-5235**

DATE OF HEARING: \_\_\_\_\_ TIME: \_\_\_\_\_

BAA DECISION: NO REDUCTION: \_\_\_\_\_ REDUCED ASSESSMENT: \$ \_\_\_\_\_  
NO SHOW: \_\_\_\_\_ INCREASED ASSESSMENT: \$ \_\_\_\_\_

BAA MEMBER SIGNATURES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_