PETITION TO THE BOARD OF ASSESSMENT APPEALS
TOWN OF WATERTOWN

PERSONAL PROPERTY

MUST BE FILED IN THE ASSESSOR’S OFFICE BY FEBRUARY 20th

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 1st: _______________ 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 1ST unless an extension has been granted. (If granted, by April 1st)

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)

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THIS FORM MUST BE COMPLETED ENTIRELY AND RECEIVED IN THE ASSESSORS’S OFFICE BY FEBRUARY 20th, 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:
____________________________________________________________
____________________________________________________________
____________________________________________________________