

**PETITION TO THE BOARD OF ASSESSMENT APPEALS
TOWN OF WATERTOWN**

REAL ESTATE

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

By the authority of Connecticut General Statute 12-111

Please print or type all of the information below

GRAND LIST OF OCTOBER 1st: _____ DATE: _____

Property Owner's Name: _____

Property Address: _____ Parcel ID#: _____

Phone Number: _____ Email: _____

TOWN'S CURRENT VALUE: _____ (100%) _____ (70%)

APPELLANTS ESTIMATE OF VALUE: (100%) _____

Description of Property that is the subject of this appeal: _____

Reason for Appeal: _____

Do you have a retrospective appraisal dated **10/1/2023** of the property? YES _____ NO _____ (if yes, attach copy)

Did you have an informal hearing with the revaluation company? Yes ___ No ___ Outcome _____

The undersigned agrees to appear before the Board of Assessment Appeals and answer, under oath, all further questions about the above property. The date and Time of the appointment will be provided to the property owner by March 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)

THIS FORM MUST BE COMPLETED ENTIRELY AND RECEIVED IN THE ASSESSOR'S OFFICE BY
FEBRUARY 20th, 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 ASSESSORS 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: _____

