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: __________________ ________________________________

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: _______________________________________________________

________________________________________________________________________