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 ASSESSMENT: _________________________________________________

APPELLANTS ESTIMATE OF VALUE: _______________________________________________

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

Reason for Appeal: ______________________________________________________________

Do you have a retrospective appraisal 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 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)

THIS FORM MUST BE COMPLETED ENTIRELY AND RECEIVED IN THE ASSESSOR’S OFFICE BY FEBRUARY 20th, 4:25 PM TO BE GIVEN A HEARING DATE.

No fax or scanned copies may be accepted. No postmarked envelopes can be accepted

COMPLETED FORMS MUST BE RETURNED TO:
BOARD OF ASSESSMENT APPEALS, TOWN OF WATERTOWN
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: _______________________________________________________

__________________________________________________________________________