

**PETITION TO THE
BOARD OF ASSESSMENT APPEALS
TOWN OF HAMPTON, CONNECTICUT
MUST BE FILED BY FEBRUARY 20**

By authority of the Public Act 95-283, of the State of Connecticut
Please print or type the following information about each property appealed
GRAND LIST OF OCTOBER 1, 2007

*Property owner's name: _____

*Appellant's name: _____

*Property location: _____
number and street

Map/Block/Lot: _____

*Property Type: _____
(residential, commercial, industrial, personal property, motor vehicles)

*Reason for appeal: _____

*Appellant's estimate of value: _____
(attach documentation of value, if applicable)

*Name, mailing address, and phone number of party to be sent correspondence:

*Signature of property owner or duly authorized agent
(attach proof of authorization)

*Date

***SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.**

THIS FORM MUST BE FILED BY FEBRUARY 20, 2008 AND RETURNED TO:

Board of Assessment Appeals
Town of Hampton
P.O. Box 143
Hampton, CT 06247

Date, time and place of hearing: _____

Appeal #: _____