PETITION TO THE  
BOARD OF ASSESSMENT APPEALS  
TOWN OF HAMPTON  
Must be filed by February 20th annually

By the authority of 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, 2019

PROPERTY OWNERS NAME:________________________________________

APPELLANT’S NAME: ______________________________________________

PROPERTY LOCATION:_____________________________________________

MAP/LOT:_____________________ ACCOUNT#:________________________

PROPERTY TYPE:___________________________________________________

REASON FOR APPEAL:______________________________________________

APPELLANT’S ESTIMATE OF VALUE:___________________________________

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

____________________________________

____________________________________

____________________________________

____________________________________

Signature of property owner or duly authorized agent DATE

(Attach proof of authorization)

ALL SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.
(CALL ASSESSORS OFFICE IF FURTHER INFORMATION IS REQUIRED)

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

Board of Assessment Appeals  
C/O Assessor  
PO Box 143  
Hampton, CT  06247

DATE OF HEARING:_____________ TIME:_____________ PLACE:_____________
AGENT’S CERTIFICATION

DATE: ______________________

To Whom It May Concern: I, ________________________, being the legal owner of property located at ________________________________, hereby authorize ________________________________ to act as my agent in all matters before the Board of Assessment Appeals of the Town/City of ________________________________ for the assessment year commencing October 1, _____

(Signed) ________________________________