

**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, 2011

*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
(Attach proof of authorization)

DATE

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

THIS FORM MUST BE FILED BY FEBRUARY 20TH AND RETURNED TO:
Board of Assessment Appeals
Town of Hampton
PO Box 143
Hampton, CT 06247

Date, time and place of hearing _____

Appeal #: _____