

**PETITION TO THE  
BOARD OF ASSESSMENT APPEALS  
TOWN OF HAMPTON**

*Must be filed by February 20<sup>th</sup> 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, 2013**

\*PROPERTY OWNERS NAME: \_\_\_\_\_

\*APPELLANT'S NAME: \_\_\_\_\_

\*PROPERTY LOCATION: \_\_\_\_\_

MAP/LOT: \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

\*PROPERTY TYPE: \_\_\_\_\_

\*REASON FOR APPEAL: \_\_\_\_\_

\*APPELLANT'S ESTIMATE OF VALUE: \_\_\_\_\_

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

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\_\_\_\_\_  
\*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<sup>TH</sup> AND RETURNED TO:  
Board of Assessment Appeals  
Town of Hampton  
PO Box 143  
Hampton, CT 06247

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Date, time and place of hearing \_\_\_\_\_

Appeal #: \_\_\_\_\_