

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, 2021

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

ALL SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.
(CALL ASSESSORS OFFICE IF FUTHER 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 CERITIFICATION

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) _____