



TOWN OF LITCHFIELD
BOARD ASSESSMENT APPEALS
P.O. BOX 488, LITCHFIELD, CT 06759

ASSESSMENT APPEAL FOR OCTOBER 1, 2017 GRAND LIST
(Must be filed on or before February 20, 2018)

Property Owner(s) _____

Mailing Address _____

Telephone: Home () _____ Cell () _____ Work () _____

Property owner will be represented by: self _____ agent _____ (if by agent, must complete authorization form)

Description of property being appealed (location if real estate, year/make/model/marker number if motor vehicle)

Assessment Account Number: _____

For the GL of Oct.1, 2017. Real Estate ___ Personal Property _____ Motor Vehicle _____

Reason for the Appeal: _____

Please note: The single fact that your taxes or value increased will not support this appeal and will result in denial of the appeal.

Appellant's estimate of the value of the property being appealed: _____

AGENT AUTHORIZATION

I, _____ being the legal owner of said property, hereby give permission to _____
_____ to represent the owners in the assessment appeal on the above property.

OWNER'S SIGNATURE

OWNER SIGNATURE(S): _____ DATE: _____

NOTICE OF APPEAL HEARING DATE, TIME AND PLACE

An appeal hearing is to be held in Litchfield Town Hall, Assessor's Office, 74 West St, Litchfield, CT 06759 on:

DATE: _____ TIME: _____ AM/PM