

**APPLICATION for APPEAL – BOARD of ASSESSMENT APPEALS
Town of Thomaston, CT**

Pursuant to §12-111 of the State of Connecticut General Statutes, application to appeal an assessment
must be filed on or before FEBRUARY 20th.

Property Owner Name(s)
Mailing Address
City/State/Zip
Phone Cell

Correspondence & Contact:
Name
Address
City/State/Zip
Phone Cell

Agent's Certification:
I, _____ being the legal owner
of the property located at _____ do hereby authorize
_____ to act as my agent in all matters before the Board of
Assessment Appeals of the Town of Thomaston for Assessment year commencing October 1,
_____.
(Signed) _____ Date _____

Property Type (circle one): **Real Estate** *Motor Vehicle* *Personal Property*

Supplemental Motor Vehicle

Description of property being appealed (location if real estate)

Location _____ **Map/Block/Lot** _____

Motor Vehicle: Year _____ Make _____ Model _____ Marker Plate _____

Personal Property (Business Location) _____

Owner/Appellant Statement of Fair Market Value: \$ _____

Reason for Appeal: (Attach supplemental information. Please BE SPECIFIC.)

X _____ Date _____
(Signature of Owner or Duly Authorized Agent) / **DO NOT WRITE BELOW THIS LINE**

The Board of Assessment Appeals has scheduled an appointment as follows:

Date: _____ **Time:** _____

