

CITY OF NEW HAVEN BOARD OF ASSESSMENT APPEALS PROPERTY ASSESSMENT APPEAL APPLICATION 2021 GRAND LIST

INSTRUCTIONS: Complete one form for each property account being appealed. Please note all asterisks are required fields. Late applications or those missing data in required fields will NOT be processed.

ONLINE DEADLINE: Sunday, February 20th, 2022.

IN-PERSON / MAIL DEADLINE: Friday, February 18th.

AS FEBRUARY 20TH FALLS ON A SUNDAY, ALL IN-PERSON AND POSTAL MAIL APPLICATIONS SHOULD BE RECEIVED IN OFFICE (NOT POSTMARKED) BY FRIDAY FEBRUARY 18TH. ELECTRONIC APPLICATIONS WILL BE ACCEPTED UNTIL 5:00 PM ON SUNDAY, FEBRUARY 20TH. (CGS 12-111). NO APPEAL WILL BE CONSIDERED UNLESS A WRITTEN APPLICATION IS FILED IN PERSON, MAILED TO: THE BOARD OF ASSESSMENT APPEALS, CITY OF NEW HAVEN, 165 CHURCH STREET, NEW HAVEN, CT 06510 OR EMAILED TO: NHBAA@NEWHAVENCT.GOV

IF YOU HAVE NOT RECEIVED AN APPOINTMENT FOR A HEARING BY MARCH 20, 2022; PLEASE EMAIL NHBAA@NEWHAVENCT.GOV

SECTION A – APPEAL APPLICATION

*Property Owner(s) (Required): _____

*Name of Signer of Application (Required): _____

*Position of the Signer (Required)-Check One: Owner Agent Corp. Officer

Property Owner will be represented by: Self Agent

NOTE: (If agent is used, the Property Owner must complete Authorization in Section B)

***REQUIRED:** Name of Person and Address to which all notices and correspondence will be sent (list only one):

*Name (Required) _____

* Address (Required) _____

* City, State, Zip (Required) _____

Phone: _____

Check box if you prefer to receive correspondence by email (provide email address) _____

*Description of Property Being Appealed (Required)

| Real Estate | Personal Property | Motor Vehicle (2020 Supplemental) |
|---|-------------------|-----------------------------------|
| Map/Block/Lot: _____ | Address: _____ | Year: _____ |
| Address: _____ | Account No: _____ | Make: _____ |
| Residential Commercial Industrial | | Model: _____ |
| | | Plate No: _____ |
| | | VIN: _____ |

* Reason for Appeal (Required): _____

*Appellant's estimate of Value of Property being appealed (Required): _____
(Attach documentation of value, if applicable)

*Signature of owner or agent (Required)

*Date application signed (Required)

SECTION B – BOARD OF ASSESSMENT APPEALS AGENT AUTHORIZATION

I/We _____ Being legal owner(s) of _____

Hereby authorize _____ to act as my/our agent in all matters before the Board of Assessment Appeals of the City of New Haven.

Property Owner: _____

Signature (Required): _____

*Date Signed (Required)

Please retain a date stamped copy of this application; it will serve as your assigned appointment and right of appeal. Incomplete or late applications will not be processed. Applications missing data in required fields will not be processed. Connecticut General Statute 12-111.