

PETITION TO THE
BOARD OF ASSESSMENT APPEALS
CITY OF DERBY

Must be filed by February 20th

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, 2016

PROPERTY OWNERS NAME: _____

APPELLANT'S NAME: _____

PROPERTY LOCATION: _____

MAP/LOT: _____ **ACCOUNT NUMBER:** _____

PROPERTY TYPE: _____

REASON FOR APPEAL: _____

APPELLANT'S ESTIMATE OF VALUE (PLEASE ATTACH ANY SUPPORTING DOCUMENTATION): _____

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 ASSESSOR'S OFFICE IF FURTHER INFORMATION IS REQUIRED)

THIS FORM MUST BE FILED BY FEBRUARY 20TH 2017 AND RETURNED TO:

Board of Assessment Appeals, City of Derby
1 Elizabeth St
Derby, CT 06418

DATE OF HEARING: _____ **TIME:** _____ **PLACE:** _____