

**Town of Ledyard
Board of Assessment Appeals (BAA) – Hearing Request**

Pursuant to Public Act 95-283 of the State of Connecticut, an application to appeal an assessment must be filed:

On or between February 1st and February 20th

All sections must be completed. The Board of Assessment Appeals is not required to give a hearing date to an incomplete application. Please print or type.

Note: The applicant is encouraged to bring documents/photographs/comparables to show to the Board of Assessment Appeals why the assessed value of the subject property is in error and the proposed value is correct.

Applicant/Appellant: _____

Property Owner: _____

Mailing Address: _____

Phone Number: () _____ **E-mail:** _____

Grand List as of October 1, 2018 **List Number:** _____ **Map/Block/Lot** _____

Property Description: _____

Property Address: _____

Property Type: Residential Commercial Industrial Personal Property Motor Vehicle

From Grand List: Market Value: \$ _____ **Assessment (70% of market value):** \$ _____

Owner's Estimate of Market Value: \$ _____

Reason for Appeal & Justification of Estimated Market Value: _____

(Attach or bring additional pages and/or photos as appropriate)

I declare, under oath, that the foregoing information, according to the best of my knowledge, remembrance and belief, are true statements.

Applicant Signature: _____ **Date:** _____

***** Reserved for Use By Board of Assessment Appeals *****

Hearing Date: _____ **Time:** _____ **Location:** _____

Grand List Assessment: \$ _____

BAA Notes: _____

BAA Decision of Assessment: \$ _____

BAA Chairman

BAA Member

BAA Member

Date