

TOWN OF ENFIELD
ASSESSMENT APPEAL FORM

Appeal No. _____

THIS APPEAL FORM TO THE BOARD OF ASSESSMENT APPEALS MUST BE RECEIVED ON OR BEFORE (FEBRUARY)(MARCH) 20, AND MUST BE COMPLETED IN ITS ENTIRETY. PROPERTY OWNERS OWNING MORE THAN ONE PROPERTY MUST FILE A SEPARATE FORM FOR EACH ACCOUNT APPEALED. PLEASE TYPE OR PRINT LEGIBLY.

Property owner(s) _____
 Name of the signer (if signer is different from owner) _____
 Position of the signer (if signer is different from owner) _____
 Property owner will be represented by: Self _____ Agent _____
 (If by agent, must complete authorization form. See Below.)

Name of Person and Address to which all notices and correspondence should be sent (list **ONE** address only):
 Name _____
 Street _____
 City, State, Zip Code _____
 Telephone (Daytime) _____

For the Grand List of October 1, _____ :
 Description of the property being appealed (location if real estate*, year/make/model/marker number if motor vehicle.)
 NOTE: Regular Grand List Motor Vehicle hearing conducted in September)

*Street Address _____ Assessor Map _____ Lot# _____
 I.D. LOCK # _____
 Supplemental October 1, _____ Motor Vehicle:
 Yr. _____ Make _____ Model _____ Vin _____
 Business Personal Property _____; Location _____

Please fill out a form for each property under appeal.

Reason for the Appeal: _____
 Appellant's estimate of the FAIR MARKET VALUE of the property being appealed: _____

Signature of owner and/or agent (Agent, if authorization form completed. See Below)

_____ Date: ____/____/____
 (Position of signer)
 I prefer a hearing on a weekday _____ a weekday evening _____

AGENT'S CERTIFICATION

DATE: _____
 TO WHOM IT MAY CONCERN:

I, _____ being the legal owner of the above described property hereby authorize _____ to act as my agent in all matters before the Board of Assessment Appeals of the Town of Enfield, for the assessment year commencing October 1, _____.
_____ Owners Signature

FOR BOARD OF ASSESSMENT APPEALS USE ONLY:

Property Description:
 Street Address: _____ Assessor Map _____ Lot _____ ID Lock _____
 Other: _____

NOTICE OF APPEAL HEARING TIME AT THE TOWN HALL:
 An appeal hearing is to be held (DATE) _____ (TIME) _____

_____ Your application was denied on _____ (Action Date)
 _____ Your application was granted on _____ (Action Date)

	Old Assessment	New Assessment	Difference
LAND	_____	_____	_____
BUILDINGS	_____	_____	_____
OUT BUILDINGS	_____	_____	_____
PERSONAL PROPERTY	_____	_____	_____
TOTAL	_____	_____	_____

CHAIRMAN, BOARD OF ASSESSMENT APPEALS _____ DATED _____

This action may be appealed to Superior Court within two months of the mailing of this decision.