

**CITY OF NEW HAVEN BOARD OF ASSESSMENT APPEALS  
PROPERTY ASSESSMENT APPEAL APPLICATION 2018 GRAND LIST**

**INSTRUCTIONS:** Please complete Section A and Section B (if applicable) to initiate the assessment appeal process. Information must be legible. Complete on form for each property account being appealed. All items in Section A **MUST** be completed. If Section B applies, all items in Section B must also be completed. Please not all asterisks are required fields. Incomplete or late applications will **NOT** be processed. Applications missing data in required fields will **NOT** be processed. Connecticut General Statutes 12-111.

**NOTE: COMPLETED FORMS MUST BE ON FILE WITH THE BOARD OF ASSESSMENT APPEALS NO LATER THAN FEBRUARY 20, 2019 (CGS 12-111). NO APPEAL WILL BE CONSIDERED UNLESS A WRITTEN APPLICATION IS FILED AND RETURNED TO: THE BOARD OF ASSESSMENT APPEALS, CITY OF NEW HAVEN, 165 CHURCH STREET, NEW HAVEN, CT 06510 OR EMAILED TO [nhbaa@newhavenct.gov](mailto:nhbaa@newhavenct.gov). If you have not received an appointment by March 21, 2019; please call to receive your hearing appointment (203-946-8063).**

**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) Phone: \_\_\_\_\_

\_\_\_\_\_  
\* Address (Required)

\_\_\_\_\_  
\* City, State, Zip (Required)

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 (2017 Supplemental)
Map/Block/Lot: _____	Address: _____	Address: _____	Year: _____
_____	_____	_____	Make: _____
_____	_____	_____	Model: _____
Residential/Commercial/Industry. (Circle)	_____	Account No: _____	Plate No: _____
			VIN No: _____

\* 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 \_\_\_\_\_  
\_\_\_\_\_ 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 12-111.**