

**PETITION TO THE
BOARD OF ASSESSMENT APPEALS
2024 GL
TOWN OF NORTH BRANFORD, CONNECTICUT**

Must be filed by February 20, 2025

By authority of Public Act 95-283, and CGS §12-111, and all other applicable Connecticut General Statutes.

Please print or type the following information in **Section A** regarding each property being appealed.

SECTION A - APPEAL APPLICATION

Property Owner(s):

Name of signer of Application:

Position of Signer: Owner Agent Corporation Officer (Identify):

Property owner will be represented by: Self Agent

(If by agent, owner must complete attached authorization form)

Name of person, mailing address and phone number to which all notices and correspondence should be sent
(List one address only):

Name: _____

Street Address:

City, State, Zip Code:

Phone Number:

Location and type of property being appealed:

Real Estate – residential, commercial, industrial – include location
Personal Property – name of company, owner of business and location
Motor Vehicle – year/make/model/marker number)

Tax Map and Lot / **List #**

Reason for the appeal:

Appellant's estimate of value: _____
(attach documentation of value)

**Signature of property owner or duly authorized agent
(attach evidence of authorization)**

Date

RETURN TO: BAA, C/O ASSESSOR'S OFFICE, TOWN OF NORTH BRANFORD, 909 FOXON ROAD, NORTH BRANFORD, CT 06471

ON OR BEFORE FEBRUARY 20, 2025

SECTION (B) - NOTICE OF APPEAL HEARING DATE, TIME AND PLACE
(For Board of Assessment Appeals use only)

- Your appeal hearing for the above property is scheduled to be held at the North Branford Town Hall, (Assessor's Office) 909 Foxon Road,

North Branford, CT on this day of _____ March, 2025, at _____ PM

BOARD OF ASSESSMENT APPEALS AUTHORIZATION

To the Board of Assessment Appeals of the Town of North Branford:

I/We, _____

being legal owner(s) of _____

hereby authorize _____

to act as my agent in all matters before the Board of Assessment Appeals of the Town of North Branford.

Property Owner(s) Signature: _____

Date Signed: _____

Owner(s) Mailing Address: _____