

**BOARD OF ASSESSMENT APPEALS**  
**Application to Appeal Assessment**

Pursuant to CT General State Statute §12-111, an application to appeal an assessment must be filed:

**NO LATER THAN 4:00 PM March 20, 2025.**

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

**Grand List Year:** 2024

**Property Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Appellant or Agent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Description of Property (Check One):**     Real Estate  
   Personal Property  
   Supplemental Motor Vehicle

**Real Estate Please Complete This Section:**

Number & Street: \_\_\_\_\_

Please Check One:  Residential     Commercial     Industrial

**Reason for Appeal:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Appellant's estimate of value:** \_\_\_\_\_

*(attach any documentation which would aid you in supporting the estimate of value as of October 1, 2022-date of last revaluation).*

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

\_\_\_\_\_  
Date

**APPLICATIONS MAY BE DELIVERED TO:**

**Mail Address: Assessor's Office**  
P.O. Box 385  
Moodus, CT 06469

**In Person Address: Assessor's Office**  
**Municipal Office Complex**  
1 Plains Road  
Moodus, CT 06469

Phone: 860-873-5026

**To be completed by the Board of Assessment Appeals only**

Board of Assessment Appeals has scheduled an appointment as follows:

**APPEAL NO:**                      **DATE:**                      **TIME: From:**                      **P.M.**    **To:**                      **P.M.**