LIST OF OCTOBER 1, 2020
APPLICATION FOR THE BOARD OF ASSESSMENT APPEALS
CITY OF DANBURY PROPERTY ASSESSMENT APPEAL

APPEAL TO THE BOARD OF ASSESSMENT APPEALS:

Property Owner(s) __________

Name of the signer (if signer is different from owner) ____________________________

Relationship of the signer (if signer is different from owner) ______________________

Property owner will be represented by: self ___ agent ___
(If by agent, must complete authorization form on reverse side)

NAME OF PERSON AND ADDRESS TO WHICH ALL NOTICES AND CORRESPONDENCE SHOULD BE SENT (LIST ONE ADDRESS ONLY):

Name ___________________________________________________________________

Street ___________________________________________________________________

City, State, Zip Code ___________________________________________________________________

Email Address ___________________________________________________________________

Motor vehicle year, make and model: _____________________________________________

REASON FOR APPEAL: X

Appellant's estimate of the value of the property being appealed: X _____________

SIGNATURE OF OWNER OR AGENT (AGENT, IF AUTHORIZATION FORM COMPLETED ON BACK) X

PLEASE NOTE THAT THE ABOVE FORM MUST BE COMPLETED IN ITS ENTIRETY. PROPERTY OWNERS OWNING MORE THAN ONE VEHICLE MUST FILE A SEPARATE APPLICATION FOR EACH ACCOUNT APPEALED. PLEASE TYPE OR PRINT.

*** NOTICE OF APPEAL HEARING DATE, TIME AND PLACE ***

DAY: ___________________ DATE: September ___ 2021  TIME: ____________

LOCATION OF HEARINGS is to be held in the Assessor's Office, 155 Deer Hill Ave, 2nd Floor
DATE:

TO WHOM IT MAY CONCERN:

I, __________________________________ being the legal owner of property located at: ___________________________________________

hereby authorize __________________________________ to act as my agent in all matters before the Board of Assessment Appeals of the City of Danbury for the assessment year commencing October 1, 2016 Grand List.

(Signed) __________________________________________ Date ______________

A COPY OF THIS FORM WILL BE SENT BACK TO YOU WITH THE DATE AND TIME OF YOUR HEARING.

IMPORTANT: Attach additional information, if applicable.

___ Please check here if you are a senior and would like an afternoon hearing.

COMPLETED FORMS MUST BE RETURNED TO:

Board of Assessment Appeals
C/O Assessor’s Office
155 Deer Hill Ave
Danbury, CT 06810-7769

DATE AND TIME APPEAL APPLICATION RECEIVED:

___________________________________________

ASSESSOR’S OFFICE

Postmarks are not accepted. Faxes are not accepted.

City Hall hours are:
Monday, Tuesday and Wednesday: 7:30 AM to 6:00 PM. Thursday’s 7:30 AM to 6:30 PM.
WE ARE CLOSED ON FRIDAYS.