

**TOWN OF GROTON
BOARD OF ASSESSMENT APPEALS**

Pursuant to C.G. §12-111 of the State of Connecticut, an application to appeal an assessment must be filed:

On or before February 20, 2011.

Complete form through Signature Line. The Board of Assessment Appeals does not have to grant a hearing date to incomplete applications. Please print clearly or type appeal form.

Applications should be sent to:

Board of Assessment Appeals
Town of Groton
45 Fort Hill Rd
Groton, CT 06340

Application to Appeal

Grand List of October 1, 2010

Property Owner:

Name: _____

***Appellant/Agent:**

Name: _____

Correspondence & Contact

Name: _____

Address: _____

City/St/Zip: _____

Phone: _____

Reason for Appeal:

Property Description:

& Street: _____

**Pin No: _____

Property type: ___Residential ___ Commercial
___ Motor Vehicle ___ Personal Property

Appellant's estimate of value:

_____ (attach documentation of value if applicable)

Signature of Property Owner or duly authorized agent (attach evidence of authorization)

Date

X _____

DO NOT WRITE BELOW THIS LINE

Date

Time

Place

Board of Assessment Appeals has scheduled an appointment for this appeal as follows: _____

Board's Decision:

___ No Change in Assessment

___ Change in Assessment

Category

Current Assessment

BAA Assessment

Land _____

Buildings _____

Miscellaneous _____

Total _____

Motor Vehicle _____

Personal Property _____

Board of Assessment Appeals Signatures

X _____ X _____

X _____ Date of BAA's Decision _____

Mailed Date _____

Any change will be effective with the October 1, 2010 Grand List

In most cases an appeal can be made to Superior Court within 60 days of mailed date below.

*Appellant/Agent refers to the person that is appealing, usually the owner, or an agent to represent the owner, such as an attorney.

**Pin No. refers to the parcel ID number or unique ID number as listed on your assessment notice.

TOWN OF GROTON
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Property Owner: _____
Address: _____

Date: _____
Time: _____
BAA Member:

RE _____ PP _____ MV _____

Property Location: _____
Business Name: _____
Attachments? _____

Appellants Comments:

Boards Recommended Action:

Date of Deliberation: _____

BAA Members Vote To:

AGREE W/ACTION

CS _____
JP _____
JM _____

DISAGREE W/ACTION

CS _____
JP _____
JM _____

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