

**BOARD OF ASSESSMENT APPEALS
TOWN OF SCOTLAND**

Must be filed by February 20th

By the authority of Public Act 95-283, of the State of Connecticut, please print or type the following information about each property appealed.

GRAND LIST OF OCTOBER 1, 20_____

PROPERTY OWNER'S NAME: _____

APPELLANT'S NAME: _____

PROPERTY LOCATION: _____ MAP/BLOCK/LOT: _____

PROPERTY TYPE: ___Real Estate ___Personal Property ___Motor Vehicle

REASON FOR APPEAL: _____

APPELLANT'S ESTIMATE OF VALUE: _____

Name, address, and phone number of party to be sent correspondence:

Signature of property owner or duly authorized agent DATE
(Attach proof of authorization)

If you cannot make a Wednesday evening meeting, please check here _____

ALL SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.

Board of Assessment Appeals
Town Hall
9 Devotion Rd
PO Box 122
Scotland, CT 06264

DATE OF HEARING: _____ TIME: _____ PLACE: _____

AGENT'S CERTIFICATION

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 Town/City of Scotland,
CT for the assessment year commencing October 1, _____

(Signed) _____

(CALL ASSESSORS OFFICE AT (860) 423-9634 IF FUTHER INFORMATION IS REQUIRED)

THIS FORM MUST BE RECEIVED BY FEBRUARY 20TH