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)

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 FURTHER INFORMATION IS REQUIRED)

THIS FORM MUST BE RECEIVED BY FEBRUARY 20, 2020