Petition to the
BOARD OF ASSESSMENT APPEALS
Town of South Windsor

Grand List of October 1, 2019

Property Owner: ____________________________________________

Address: __________________________________________________

Telephone Number: ____________________ Email: __________________

Property Type: Real Estate [ ] Personal Property [ ] Motor Vehicle [ ]

Property Location: __________________________________________

Reason for Appeal: __________________________________________

Appellant’s Estimate of Value: ____________________________
(attach supporting documentation if applicable)

* Name, mailing address, phone number of party to be sent correspondences:

__________________________________________________________

Signature of property owner/agent Date

* ALL SECTIONS MUST BE COMPLETED IN ORDER TO QUALIFY FOR HEARING

**Pursuant to General Statutes, Sec. 12-111 a written application to appeal an assessment
must be filed with the Board of Assessment Appeals and returned to the Assessor’s office
on or before FEBRUARY 20th **

Town of South Windsor
Board of Assessment Appeals
c/o Assessor’s Office
1540 Sullivan Ave., South Windsor CT 06074

Your appeal date is set

Place: ____________________ Date: ____________________

Time: ____________________

Signature of Board Member Date Signature of Board Member Date

Rev. 12/17