SOMERS BOARD OF ASSESSMENT APPEALS

Pursuant to CT General Statute 12-111, an application to appeal an assessment

must be filed on or before: February 23, 2026

Please note: The Board of Assessment Appeals does not have to schedule a hearing for an incomplete application. **All applicable fields must be completed.** Please file separate forms for each property/motor vehicle appealed.

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Grand List

Application may be sent to:

Board of Assessment Appeals C/O Assessor's Office 600 Main Street Somers, CT 06071

OR EMAIL:

kneal@somersct.gov pthomas@somersct.gov

Property Description (PLEASE CHECK ONE)	APPLICATION TO AP	PEAL		
Real Estate - Property Location				
Personal Property - Name/Unique ID				
Motor Vehicle - Yr/Make/Model/ VIN				
Property Owner		/Agent (PLEASE A NTING OWNER)	TTACH EVIDENCE OF	AUTHORIZATION FOR AGENT
Name:	Name:			
Address:	Address:			
Correspondence & Contact Information				
Name:	Phone:			
Address:	Email			
Reason for Appeal:				
Signature of Owner or Authorized Agent (IF AGEN	T PLEASE ATTACH EVIDENC		ION) ATE:	
******PLEASE DO NOT WRITE BELOW THIS LIN	NE. FOR THE BOARD OF ASS	ESSMENT APPEAL	S USE ONLY******	
YOUR APPEAL IS SCHEDULED FOR THE FOLLOWING DATE AND TIME	DATE:	TIME:	PLACE:	
Your appeal was APPROVED as shown below		Your appeal was DENIED (NO CHANGE)		
VALUE AS SHOWN ON THE GRAND LIST		THE BOARD OF ASSESSMENT APPEALS VALUE		
MOTOR VEHICLE: \$		MOTOR VEHICLE:		\$
PERSONAL PROPERTY: \$		PERSONAL PROP	ERTY:	\$
REAL ESTATE: \$		REAL ESTATE:		\$
SIGNATURES OF THE MEMBERS OF THE BOARD O	F ASSESSMENT APPEALS	DATE (OF DECISION:	