Application for Assessment Appeal

Board of Assessment Appeals
Town of Somers, Connecticut

Property owner(s):

Name of Signer (if different than owner):

Position of Signer (if different than owner):

Property owner will be represented by: Self_________ Agent_________
(if by agent, the agent’s certification section must be completed)

Name and address to which all notices and correspondence should be sent (list one address only):

Name:

Street, City, State, Zip Code:

Phone number: Daytime:_______________ Evening:_______________ Cell:_______________

Email

For the Grand List of October 1, 2021:

Real Estate:___________ Motor Vehicle:___________ Personal Property:

Description of the property being appealed (address if real estate/ year, make, model and plate number if motor vehicle/ business name and address for personal property):


Reason for appeal:


Appellant’s estimate of value of property being appealed (must be completed):


Signature of owner or agent:

Printed name:

Dated:

***APPLICATION MUST BE RECEIVED IN THE ASSESSOR’S OFFICE BY FEBRUARY 22, 2022***