

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: _____

Emai: _____

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*****