



## Application for Assessment Appeal

Board of Assessment Appeals  
Town of Somers, Connecticut  
**Application must be received by February 20, 2018**

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: \_\_\_\_\_

Street, City, State, Zip Code: \_\_\_\_\_

Phone number: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

For the Grand List of October 1, 2017:  
Real Estate: \_\_\_\_\_ Supplemental Motor Vehicle: \_\_\_\_\_ Real Estate: \_\_\_\_\_

Description of the property being appealed (address if real estate; year-make-model-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 supplied or the appeal will not be accepted** (attach any documents supporting estimate): \_\_\_\_\_

Signature of owner or agent: \_\_\_\_\_

Printed name: \_\_\_\_\_

Dated: \_\_\_\_\_

### Agents Certification

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 of Somers, Connecticut for the Assessment year commencing October 1, 2017.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

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