

**Application for Assessment Appeal**

**Board of Assessment Appeals  
Town of Somers, Connecticut**

Property Owner(s): \_\_\_\_\_

Name of Signer (of different than owner): \_\_\_\_\_

Position of Signer (of 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 \_\_\_\_\_

For the Grand List of October 1, 2015:

Real Estate \_\_\_\_\_ Motor Vehicle \_\_\_\_\_ Personal Property \_\_\_\_\_

Description of the Property being appealed (address if real estate, year-make-model-marker number if motor vehicle):

\_\_\_\_\_  
\_\_\_\_\_

Reason for appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appellant's estimate of the value of the property being appealed: \_\_\_\_\_

Signature of Owner or Agent: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

**Note: Applications must be received at the Assessor's Office by  
February 19, 2016.**

Agent's Certification

Date: \_\_\_\_\_

TO WHOM IT MAY CONCERN: I, \_\_\_\_\_ being the

legal owner of the 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, 2015.

(Signed): \_\_\_\_\_