

# 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: \_\_\_\_\_

For the Grand List of October 1, 2020:

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, 2021\*\*\***

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OWNER AUTHORIZATION

I/We, being the legal owners of:

\_\_\_\_\_

Hereby authorize \_\_\_\_\_

to act as my agent in all matters before the Board of Assessment Appeals of the  
Town of Somers.

Property owner: \_\_\_\_\_

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

\_\_\_\_\_

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