

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 16, 2017.**

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): _____