

Application for Assessment Appeal

Board of Assessment Appeals
Town of Somers, Connecticut

APPLICATION MUST BE RECEIVED - IN OFFICE - BY FEBRUARY 20, 2025

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: _____ Email: _____

For the Grand List of October 1, 2024:

REAL ESTATE: _____ 2023 SUPPLEMENTAL MOTOR VEHICLE: _____ PERSONAL PROPERTY: _____

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, 2024.

Signed: _____ Dated: _____