## APPLICATION TO THE BOLTON BOARD OF ASSESSMENT APPEALS

## 20\_ Grand List

Pursuant to Section 12-121 C.G.S. as amended by Public Act 95-283, any person appealing the assessment of property must file an application with the Board of Assessment Appeals on or before February 20th. Failure to return the completed application by the due date (not postmarked by) will result in the Board's dismissal of the appeal. Per CGS 12-111, the applicant must answer all questions or the application will be rejected.

1. Property Owner's 1	Name:				Phone:		
2. Appellant's Name:					Phone:		
3. Correspondence sh	ould be directe	ed to:					
Name:					Phone:		
Address:					E-mail		
City/State/Zip:					Fax:		
4. Property Type:(Residential, Co	mmercial, Indu	ıstrial, Moto	r Vehicle or Pers	sonal Property, <u>Co</u>	mplete line 5a., 5	b., or 5c., as applicable)	
5a. Real Property Location: Property ID #:							
••	Estimate	of	Market			of $10/1/23$ : nentation of value)	
5b. Vehicle Description	on: Make:		_ Model:	VIN:			
Plate #	I	Mileage as of 10/1/2:		E	Est. Value as of 10/1/2 :		
<ul><li>(Attach itemized listing</li><li>6. Reason for Appeal</li><li>7. I AM UNAVAILA</li></ul>	: (Attach addition	onal pages if r	necessary)				
I,, signer of the forgoing application, swear that the information contained in this application for the revision of the assessment of the above described property is true.							
Signature of Owner o	or authorized a	gent (attach p	proof of authoriz	ration)	Date		
Retu	ırn by Februa	nry 20: Asse	essor's Office, 2	222 Bolton Cente	r Rd., Bolton, C	T 06043	
				on of your hearing vessor's Office (860)			
Date, time: Location: 222 Bolt	on Center R	d. Bolton, (	CT 06043 Asse	essor's office lov	ver level		

PID/Account # \_\_\_\_\_