

**CITY OF NEW HAVEN BOARD OF ASSESSMENT APPEALS
PROPERTY ASSESSMENT APPEAL APPLICATION 2022 GRAND LIST**

INSTRUCTIONS: Please complete Section A and Section B (if applicable) to initiate the assessment appeal process. Information must be legible. Complete one form for each property account being appealed. All items in Section A **MUST** be completed. If Section B applies, all items in Section B must also be completed. Please note all asterisks are required fields. Incomplete or late applications will **NOT** be processed. Applications missing data in required fields will **NOT** be processed. Connecticut General Statutes 12-111.

NOTE: AS THE ASSESSORS HAVE OBTAINED A GRAND LIST EXTENSION, COMPLETED FORMS MUST BE ON FILE WITH THE BOARD OF ASSESSMENT APPEALS NO LATER THAN MARCH 20, 2023 (CGS 12-111). NO APPEAL WILL BE CONSIDERED UNLESS A WRITTEN APPLICATION IS FILED AND RETURNED TO:

THE BOARD OF ASSESSMENT APPEALS,
CITY OF NEW HAVEN,
165 CHURCH STREET, NEW HAVEN, CT 06510

APPLICATIONS CAN ALSO BE EMAILED TO NHBAA@NEWHAVENCT.GOV IF YOU HAVE NOT RECEIVED AN APPOINTEMENT BY APRIL 10, 2023; EMAIL THE BAA TO RECEIVE YOU HEARING APPOINTMENT. FOR ADDITIONAL INFO CALL 203-946-8063.

SECTION A – APPEAL APPLICATION

*Property Owner(s) (Required): _____

*Name of Signer of Application (Required) _____

*Position of the Signer (Required)-Check One: Owner: _____ Agent: _____ Corp. Officer: _____

Property Owner will be represented by: Self: _____ Agent: _____

NOTE: (If agent is used, the Property Owner must complete Authorization in Section B)

***REQUIRED:** Name of Person and Address to which all notices and correspondence will be sent (list only one):

*Name (Required) _____ Phone: _____

* Address (Required) _____

* City, State, Zip (Required) _____

Check box if you prefer to receive correspondence by email (provide email address) _____

***Description of Property Being Appealed (Required)**

Real Estate		Personal Property	Motor Vehicle (2017) Supplemental
Map/Block/Lot: _____	Address: _____	Address: _____	Year: _____
_____	_____	_____	Make: _____
_____	_____	_____	Model: _____
Residential/Commercial/Industry. (Circle)	Account No: _____	_____	Plate No: _____
_____	_____	_____	VIN No: _____

* Reason for Appeal (Required): _____

*Appellant's estimate of Value of Property being appealed (Required): _____
(Attach documentation of value, if applicable)

*Signature of owner or agent (Required)

*Date application signed (Required)

SECTION B – BOARD OF ASSESSMENT APPEALS AGENT AUTHORIZATION

I/We _____, being legal owner(s) of

_____ to act as my/our agent in all matters before the Board of Assessment Appeals of the City of New Haven.

Property Owner: _____

Signature (Required): _____
*Date Signed (Required)

Please retain a date stamped copy of this application. Incomplete or late applications will not be processed. Applications missing data in required fields will not be processed. Connecticut General 12-111.