

**CITY OF NEW HAVEN BOARD OF ASSESSMENT APPEALS
PROPERTY ASSESSMENT (MOTOR VEHICLE) APPEAL APPLICATION 2020 GRAND LIST**

INSTRUCTIONS: Please complete Section A and Section B (if applicable) to initiate the assessment appeal process. Information must be legible. Complete on 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: COMPLETED FORMS CAN BE DELIVERED TO THE ASSESSOR'S OFFICE, CITY OF NEW HAVEN, 165 CHURCH STREET, NEW HAVEN, CT 06510 OR BROUGHT WITH YOU TO THE SESSION OR EMAILED TO nhbaa@newhavenct.gov or pick an application up at the session. Questions, contact Cordalie Benoit 203.770-0146.

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):

_____ Phone: _____
*Name (Required)

* 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)**

Motor Vehicle

Year: _____

Make: _____

Model: _____

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 if dropped off at the assessor's office. Incomplete applications will not be processed. Applications missing data in required fields will not be processed. Connecticut General 12-111.