

**PETITION TO THE  
BOARD OF ASSESSMENT APPEALS  
TOWN OF SALISBURY, CT**

*Must be completed and received by Town Clerk by February 20, 2018  
(By authority of Public Act 95-283, of the State of Connecticut)*

Print or type the following information about the property being appealed. Please complete a separate application for each property you wish to appeal. Every item **MUST** be completed to be given a hearing and applicant or agent must appear in person at scheduled hearing.

**GRAND LIST OF OCTOBER 1, 2017**

Property owner's name: \_\_\_\_\_

Property location: \_\_\_\_\_  
(Number & Street)

Reason for appeal:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appellant's estimate of value: \_\_\_\_\_  
(Attach documentation of value, if applicable)

**Name, mailing address, & phone number** of party to be sent correspondence:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of property owner or duly  
authorized agent (attach evidence of  
authorization)

\_\_\_\_\_  
Date

*Completed forms should be returned to:* Board of Assessment Appeals  
C/o Town Clerk  
Town of Salisbury  
P.O. Box 548  
Salisbury, CT 06068

To be filled out by the BAA and returned to the applicant: Your hearing is scheduled at Town Hall as follows:    date _____ time _____
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