

**Board of Assessment Appeals
Motor Vehicle Appeals
Town of Salisbury**

Portion to be completed by owner:

Name of owner: _____

Address: _____

Year _____ Make _____ Model _____ Plate _____

Owner's estimate of value as of 10/1/_____: \$ _____

Owner's comments:


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**Portion to be completed by BAA:**

10/1/\_\_\_\_ Grand List #: \_\_\_\_\_

Assessment: \_\_\_\_\_ Value: \_\_\_\_\_

\_\_\_\_\_ Appeal denied

\_\_\_\_\_ Appeal reduced to: Value: \_\_\_\_\_ Assessment (70 % of value): \_\_\_\_\_

Signed by BAA Members: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_