

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

*Must be completed and received by Town Clerk by March 22, 2020
(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, 2020

Property owner's name: _____

Property location: _____
(Number & Street)

Reason for appeal: _____

Appellant's estimate of value: _____
(Attach documentation of value)

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

****Do you prefer in person hearings that are socially distanced or virtual through Zoom?**
In person hearing: _____ Virtual: _____

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 _____
