

ASSESSOR  
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Hours: M, W, F - 9am-4pm



Town Hall  
P.O. Box 548  
27 Main Street  
Salisbury, CT 06068

**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:

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

**Portion to be completed by BAA:**

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

Value: \_\_\_\_\_ Assessment (70%): \_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_