

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

*Must be completed and received by Town Clerk by February 20, 2024*  
*(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, 2023

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

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

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

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

**Mailing address, EMAIL & phone number** of property owners:

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

Would you allow BAA to do an interior inspection of your home: Yes \_\_\_\_\_ No \_\_\_\_\_

In-person hearing: \_\_\_\_\_ Virtual: \_\_\_\_\_

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

Signature of all property owners 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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