

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

Must be completed and received by Town Clerk by February 20, 2026

(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, 2025

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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