

**PETITION TO THE
BOARD OF ASSESSMENT APPEALS
TOWN OF DEEP RIVER – REAL ESTATE**

This form must be filed by February 20th

By the authority of Public Act 95-283, of the State of Connecticut, please print or type the following information about each property appealed.

GRAND LIST OF OCTOBER 1, 20____

PROPERTY OWNER'S NAME : _____

APPELLANT'S NAME : _____

PROPERTY LOCATION : _____

MAP/LOT : _____ ACCOUNT # : _____

PROPERTY TYPE : _____

REASON FOR APPEAL (continue on back if necessary) : _____

APPELLANT'S ESTIMATE OF VALUE : _\$ _____

X _____

Date : _____

**Signature of property owner or duly authorized agent
(if agent, attach proof of authorization)**

Name, Address and Phone Number of party to be sent correspondence: _____

ALL SECTION MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.
(CALL ASSESSOR'S OFFICE IF FURTHER INFORMATION IS REQUIRED)

THIS FORM MUST BE FILED BY FEBRUARY 20TH AND RETURNED TO:

BOARD OF ASSESSMENT APPEALS
C/O: THE ASSESSOR'S OFFICE
174 MAIN STREET
DEEP RIVER, CT 06417

AGENT'S CERTIFICATION

Date : _____

To Whom It May Concern: I, _____ being the legal owner of the property located at _____ hereby authorize _____ to act as my agent in all matters before the Board of Assessment Appeals of the Town of Deep River for the assessment year commencing October 1, 20____.

Signature of property owner

Date