



Town of Woodbridge

Board of Assessment Appeals

11 Meetinghouse Lane

Woodbridge, CT 06525

Phone: (203) 389-3416 Fax: (203) 389-3480

Website: <http://www.woodbridgect.org>

APPLICATION TO APPEAL

MOTOR VEHICLE ONLY

SEPTEMBER SESSION

	Return completed applications to:
Please print or type. Applications must be complete	Board of Assessment Appeals 11 Meetinghouse Lane Woodbridge, CT 06525

****ONLY ONE VEHICLE PER APPLICATION****

<p style="text-align: center;">Motor Vehicle Owner:</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p>	<p>Grand List of: _____ List No: _____</p> <p style="text-align: center;">Motor Vehicle Description:</p> <p>Year & Make _____</p> <p>Model & Plate No _____</p> <p>VIN _____</p>
<p style="text-align: center;">Appellant:</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p>	<p style="text-align: center;">Reason for appeal:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;">Correspondence & Contact:</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone No. _____</p>	<p style="text-align: center;">Appellant's estimate of value:</p> <p style="text-align: center;">\$ _____</p> <p style="text-align: center;"><i>(attach documentation of value, if applicable)</i></p>
<p><i>Signature of Motor Vehicle Owner or duly authorized agent (attach evidence of authorization)</i></p>	<p style="text-align: center;"><u>DATE</u></p>
<p>X _____</p>	<p>_____</p>

-TO BE COMPLETED BY THE BOARD OF ASSESSMENT APPEALS-

APPEAL SUMMARY

DECISIONS

NO CHANGE _____

CHANGE _____

(If change is checked, please complete section below)

Assessments	Grand List	Board of Assessment Appeals
Motor Vehicle		
Total		

Board of Assessment Appeals (signatures)

X _____ X _____

X _____ Date of Board Decision: _____