BOARD OF ASSESSMENT APPEALS – APPLICATION TO APPEAL

Town of Woodbridge ~ 11 Meetinghouse Lane ~ Woodbridge, CT 06525

Pursuant to the State of Connecticut Public Act 95-283, A WRITTEN APPLICATION TO APPEAL AN ASSESSMENT MUST BE FILED and received ***ON or BEFORE*** **February 20th**

(if February 20th is weekend or Holiday, form must be received in office the preceding business day)

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION TO APPEAL WITH AN ASTERIK (*), *if applicable*.
PLEASE NOTE A SEPARATE APPLICATION IS REQUIRED FOR EACH PROPERTY APPEAL.

Applications must be sent to:

Board of Assessment Appeals
c/o Assessor's Office
Town of Woodbridge
11 Meetinghouse Lane
Woodbridge, CT 06525

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

***Property Owner**	***Appellant/Attorney**	***Correspondence & Contact**
Name:	Name:	Name:
Address:	Address:	Address:
City/State/Zip:	City/State/Zip:	City/State/Zip:
Phone:	**Phone**:	**Phone**:
Email:	Email:	Email:
Other:	Other:	Other:

***Assessment on Grand List of 2024__: _____ * Unique ID/List No: _____**

***Property Description**

***Location: #_____ _____ *Map/Block/Lot: _____/_____/_____**

***Property Type: ____ Residential ____ Commercial ____ Industrial ____ Personal Property _____ Motor Vehicle**

***Reason for Appeal**

_____
_____
_____
_____

***Appellant's estimate of value:** _____ (*Attach documentation of value, if applicable*)

***Signature of property owner or duly authorized agent** (*attach evidence of authorization*)

*X_____ *Date:_____

>>>>>>>>>>DO NOT WRITE BELOW THIS LINE<<<<<<<<<<

Board of Assessment Appeals has scheduled an appointment as follows:	**Date**	**Time**	**Place**

-OTHER SIDE TO BE COMPLETED BY THE BOARD OF ASSESSMENT APPEALS-

-TO BE COMPLETED BY THE BOARD OF ASSESSMENT APPEALS-

APPEAL SUMMARY

_____

_____

_____

_____

_____

_____

_____

_____

DECISIONS

_____ NO CHANGE

_____ CHANGE (*If change is checked, please complete the section below*)

Assessments	**Grand List Assessment**	**BAA Assessment Amount**
Land		
Building		
Miscellaneous		
Personal Property		
TOTAL		

Board of Assessment Appeals (signatures)

X_____ X_____

X_____ Date of Board's Decision: _____

Copies: 1.Board of Assessment Appeals 2.Assessor 3.Appellant – Board of Assessment Appeals Summary 4.Appellant hearing date