TOWN OF WARREN
CONNECTICUT PROPERTY
Assessment Appeal
Request for Hearing before the Board of Assessment Appeals

Property Owner(s)_________________________________________________________________________

Name of Signer (if Signer is different from owner)_____________________________________________

Position of Signer (is Signer is different from owner)_________________________________________

Property Owner will be represented by: self____agent_________________________________________

(If by agent, must complete Agent’s Certification Form)

Name and Address of person to whom all notices and correspondence should be sent (list one address only):

Name:____________________________________________________________________________________

Address:____________________________________________________________________________________

Phone: (____) ___________ _________________________

Type of property being appealed: Real Estate___Motor Vehicle____Personal Property_____

Description of property being appealed (location if real estate, year/make/model/marker number if motor vehicle)

__________________________________________________________________________________________

Reason for appeal___________________________________________________________________________

Appellant’s estimate of the value of the property being appealed______________________________

Signature of Owner or Agent (Agent only if authorization form is completed)

________________________________________________________________________________________

Date ________________________________

PLEASE NOTE THAT THE ABOVE FORM MUST BE COMPLETED IN ITS ENTIRETY AND RECEIVED, NOT
POSTMARKED, BY THE BOARD OF ASSESSMENT APPEALS ON OR BEFORE FEBRUARY 18, 2021 AT
1:00PM. PROPERTY OWNERS APPEALING MORE THAN ONE PROPERTY OR MOTOR VEHICLE MUST
FILE A SEPARATE FORM FOR EACH ACCOUNT BEING APPEALED.

Please return by mail to the following address: Board of Assessment Appeals, Town of Warren, 50 Cemetery Road
Warren, CT 06754 or hand deliver to the Town Hall. Please note the Town Hall Office hours are:
Monday and Thursday 9:00 am to 1:00 pm and Tuesday and Wednesday 9:00 am to 4:00 pm.
TOWN OF WARREN
Board of Assessment Appeals

AGENT’S CERTIFICATION

Date:___________________________

TO WHOM IT MAY CONCERN:  I, ___________________________________________,
being the legal owner of property located at:__________________________________
hereby authorize _________________________________________ to act as my
agent in all matters before the Board of Assessment Appeals of the Town of
Warren for the assessment year commencing October 1, 2020.

______________________________________________
Signature