

**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 form 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 20, 2018 AT 4:00PM. 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, 2017.

Signature