

**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, 2020 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, 2019.

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Signature