

**Town of Farmington Board of Assessment Appeals
1 Monteith Drive, Farmington, CT 06032-1053**

Motor Vehicle Assessment Appeal: Please file by August 30

Property Owner(s): _____

Phone: _____

Property Owner will be represented by: Self _____ Agent* _____

****Must complete authorization form on back of this application***

Name and Address to which all notices and correspondence should be sent:

Name: _____

Address: _____

Account Number: _____

Description of the property being appealed, including year/make/model/marker number:

Reason for appeal:

Applicant's estimate of value: \$ _____

Signature of owner or agent: _____

Please note that this form must be completed in its entirety. Please file a separate form for each vehicle under appeal.

NOTICE OF APPEAL HEARING DATE TIME & PLACE:

Farmington Town Hall, 1 Monteith Dr., Conference Room: _____

On (date): _____ **at (time):** _____

TO THE BOARD OF ASSESSMENT APPEALS OF THE TOWN OF FARMINGTON:

I, _____ being the legal owner of said property,
hereby authorize _____ to act as my agent in all matters before the
Board of Assessment Appeals of the Town of Farmington.

Property Owner's Signature:

Owners Address:

Any person claiming to be aggrieved by the action of the Board, may within two months of the date, of the mailing of the decision, appeal to the superior court.

DO NOT WRITE BELOW - FOR BOARD OF ASSESSMENT APPEALS USE ONLY

This appeal was heard at a meeting of the Board of Assessment Appeals held on the ___ day of September 20 _____. It was voted as follows at a meeting held on the ___ day of September 20 ____.

HEARING RESULTS _____ Petition dismissed _____ Petition denied _____ Petition granted as follows:	ASSESSMENT ACCOUNT NUMBER: _____ For the Grand List of October 1, 20 _____ Motor Vehicle _____ Owner's Names _____ Property Description _____
\$ _____ - \$ _____ current assessment	= \$ _____ = \$ _____ reduction new assessment Chairman, BAA