

**APPLICATION TO THE BOARD OF ASSESSMENT APPEALS
FOR SEPTEMBER MOTOR VEHICLE HEARINGS**

C/O Assessor's Office, 29 West Avenue, Essex, CT 06426
(Bills from immediate previous July)

Please fill out all sections of this application form.

Owner: _____

Address: _____

Motor Vehicle Grand List Account Number: _____

Vehicle Make: _____ Vehicle Model: _____ Vehicle Year: _____

Owner's Estimate of Value (Full Value, not the 70% Assessed Value): _____

Reason for the Appeal: _____

Correspondence to be sent to: Name: _____
(if someone other than the Address: _____
owner will attend the hearing) _____

Phone #: _____

Email: _____

(Signature of owner or duly authorized agent with authorization attached)

Date Signed

Appeal Summary by Board of Assessment Appeals: _____

ORIGINAL ASSESSMENT

BAA DECISION

BAA Signatures