

**TOWN OF NEW CANAAN
Board of Assessment Appeals
Petition to appeal – Motor Vehicle**

Completed petitions to be returned to:

Board of Assessment Appeals
C/O Assessor's Office
77 Main Street
New Canaan, CT 06840

Pursuant to P.A.95-283 of the State of Connecticut, a petition to appeal an assessment must be filed: **On or before September 01, 2023.**

******Note: Incomplete petitions will not be accepted or heard by the Board******

Grand List of: **2022**

<p style="text-align: center;">Property Owner:</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p>	<p style="text-align: center;">Motor Vehicle Description</p> <p>Year of Vehicle _____</p> <p>Make & Model _____</p> <p>Plate/ Marker# _____</p> <p>Vehicle ID (VIN#) _____</p> <p>Current Assessment _____</p>
<p style="text-align: center;">Appellant: (Person appealing if different from property owner)</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p>	<p style="text-align: center;">Reason for Appeal:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;">Correspondence & Contact: (Mailing address where information will be mailed including scheduled appointment notice)</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone number _____ - _____ - _____</p> <p>Email address _____</p>	<p style="text-align: center;">Appellant's Estimate of Market Value (Required):</p> <p>\$ _____ Appellant's estimate market value must be as of 10/01/2022 and not current market conditions or purchase price.</p> <p>Please bring supporting documentation to the Board of Assessment Appeal hearing. The Assessor's office is not responsible for any attached documents and will only accept this application without attachments.</p>
<p>Signature of property owner or duly authorized agent (attach evidence of authorization)</p> <p>X _____ Date _____</p>	

******* DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY *******

SCHEDULE OF APPOINTMENT

Board of Assessment Appeals has scheduled the above owner to appear before the Board of Assessment Appeals and to answer under oath, all further questions pertaining to the above appeal.

Date: _____

Time: _____

Place: _____

(Due to Scheduling Problems, Appointments cannot be rescheduled)

DO NOT WRITE ON THIS SIDE OF FORM - FOR BOARD OF APPEALS USE ONLY:

- Hearing Results:
- Petition dismissed
 - Petition denied/no change
 - Petition no show
 - Petition granted as follows:

Sustain _____ Increase _____ Decrease _____

Reason for change: _____

<u>Member</u>	<u>Yes</u>	<u>No</u>	<u>Abstain</u>	<u>Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current 2022 Grand List full value (appraised-not assessment): _____

New BAA Recommended full value (appraised): _____ 70% Assessment: _____