

APPLICATION TO BOARD OF ASSESSMENT APPEALS

Pursuant to CGS §12-111 of the State of Connecticut, an application to appeal an assessment must be filed:

Applications should be sent to:

On or before March 20, 2023
Postmarks are not considered as timely filings.

Board of Assessment Appeals
Assessor's Office
Town of Groton
45 Fort Hill Rd
Groton, CT 06340

Complete form through Signature Line. The Board of Assessment Appeals does not have to grant a hearing date to incomplete applications. Please PRINT CLEARLY or type appeal form. Separate forms must be completed for each account being appealed.

Application to Appeal Grand List of October 1, 2022

CORRESPONDENCE & CONTACT

Name:
Address:
City/St/Zip:

PROPERTY DESCRIPTION:

& Street:
**Unique ID:

PROPERTY OWNER

Name:
Phone:

Property type:

Residential Commercial
Motor Vehicle Personal Property

*APPELLANT/AGENT:

Name/Position:
Phone:
Email:

Appellant's estimate of appraised (100%) value (Attach documentation of value):

Reason for Appeal:

X
Signature of Property Owner or duly authorized agent (attach evidence of authorization) Date

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

Board of Assessment Appeals has scheduled an appointment for this appeal as follows:

Table with 3 columns: Date, Time, Location

Mailed Date: / / 2023

Board's Decision: No Change in Assessment Change in Assessment

Table with 3 columns: Category, Current Assessment, BAA Assessment

Board of Assessment Appeals Signatures

X X
X X
X X

Date of BAA's Decision: / / 2023 Mailed Date: / / 2023

Any change will be effective with the October 1, 2022 Grand List
In most cases an appeal can be made to Superior Court within 60 days of mailed date above.
The board may not reduce assessments until next revaluation where prior appeals granted (CGS 12-111).

*Appellant/Agent refers to the person that is appealing, usually the owner, or an agent to represent the owner, such as an attorney.
**Unique ID number as listed on your assessment notice.

TOWN OF GROTON

2022 GRAND LIST

APPLICATION TO BOARD OF ASSESSMENT APPEALS

Property Owner: _____
Address: _____

Date: ____ / ____ / 2023
Time: _____
BAA Member: _____

Appeal Type: [] RE [] PP [] MV

Attachments? _____

Appellants Comments: _____

Boards Recommended Action

Date of Deliberation: ____ / ____ / 2023

BAA Members Vote To:

Table with 2 columns: AGREE W/ACTION, DISAGREE W/ACTION. Rows contain initials JP, JM, DM, MD, JP.

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**Unique ID number as listed on your assessment notice.