

Ellington Board of Assessment Appeals

Pursuant to P.A. 95-283, of the State of Connecticut, an application
To appeal an assessment must be filed:
on or before _____

Applications may be sent to:

Highlighted sections must be completed. The Board of
Assessment Appeals does not have to give a hearing date to
incomplete applications. Please print or type.

Ellington Board of Assessment Appeals
55 Main Street
P.O. Box 199
Ellington, CT 06029-0199

Application to Appeal

	Property Owner:	Grand List of:	List No.:
Name		No. & Street	Property Description:
Address			
City/State/Zip		Map/Block/Lot	(if available)
	Appellant:	Property Type	<input type="checkbox"/> Residential <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Property <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial
Name		Reason for Appeal:	
Address			
City/State/Zip			
	Correspondence & Contact:	Appellant's estimate of value:	
Name			
Address			
City/State/Zip			
Phone No.		<i>(attach documentation of value, if applicable)</i>	
Signature of Property Owner or duly authorized agent (attach evidence of authorization)		Date	
X			

Board of Assessment Appeals has	Date	Time	Place
Scheduled an appointment as follows:			

Appeal Summary

Assessments	Grand List	Board of Assessment Appeals
Land	_____	_____
Building	_____	_____
Miscellaneous	_____	_____
Total	_____	_____
Motor Vehicle	_____	_____
Personal Property	_____	_____

Board of Assessment Appeals: (signatures)

X	X
X	Date of Board's Decision: _____