



BOARD OF ASSESSMENT APPEALS APPLICATION

Pursuant to Sec. 12-111 of the Connecticut General Statutes
a written application to appeal an assessment must be filed
and received on or before February 20, 2024

Please complete all sections of the application with an asterisk
Return application to address shown at the right

Applications may be sent to:
Board of Assessment Appeals
C/O Assessor's Office
PO Box 519
108 Pennsylvania Ave
Niantic, CT 06357

| | | | |
|--|--|--|----------------------|
| * Property Owner Name _____ Mailing Address _____ City/State/Zip _____ Phone # _____ | | Grand List of 2023 | List # |
| * Property owner will be represented by <input type="checkbox"/> self <input type="checkbox"/> agent (If agent, owner must complete authorization form - see reverse side) | | *Property Description Location _____ Map/Lot _____ Property Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Personal Property <input type="checkbox"/> Motor Vehicle | |
| * Appellant Name _____ Address _____ City/State/Zip _____ Phone # _____ | | * Reason for Appeal _____ _____ _____ _____ | |
| * Correspondence & Contact (if different from Owner) Name _____ Address _____ City/State/Zip _____ Phone # _____ | | * Appellant's Estimate of Value (real estate value is based on 10/1/2021 Revaluation) _____ (attach documentation of value) | |
| * Signature of owner or duly authorized agent (attach evidence of agent authorization) _____ | | | Date _____ |

PLEASE DO NOT WRITE BELOW THIS LINE

| | | | |
|--|-------------|-------------|---|
| Board of Assessment Appeals has scheduled an appointment as follows | Date | Time | Place East Lyme Town Hall 108 Pennsylvania Ave Niantic, CT 06357 |
| Appeal Summary _____ | | | |

| Assessments | Grand List 2022 | Board of Assessment Appeals |
|-------------------|-----------------|-----------------------------|
| Land | | |
| Building | | |
| Total | | |
| Motor Vehicle | | |
| Personal Property | | |

Board of Assessment Appeals: (signatures)

| | |
|---------|------------------------------|
| X _____ | X _____ |
| X _____ | X _____ |
| X _____ | Date of Board Decision _____ |

AUTHORIZATION FORM

To the Board of Assessment Appeals of the Town of East Lyme

I, _____
being the legal owner of _____
hereby authorize _____
to act as my agent in all matters before the East Lyme Board of Assessment Appeals.

Property Owners Signature: _____

Date Signed: _____

Property Owner's Address: _____
