



BOARD OF ASSESSMENT APPEALS APPLICATION

Pursuant to Sec. 12-111 of the Connecticut General Statutes
a written application to appeal an assessment must be presented on
September 13th, 2025 9am – 12pm

Please complete all sections of the application with an asterisk

* Property Owner		Grand List of 2024	List #
Name _____		*Property Description	
Mailing Address _____		Location _____	
City/State/Zip _____		Map/Lot _____	
Phone # _____		Property Type	
* Property owner will be represented by <input type="checkbox"/> self <input type="checkbox"/> agent (If agent, owner must complete <u>authorization form</u> - see reverse side)		<input type="checkbox"/> Motor Vehicle	
* Appellant		* Reason for Appeal	
Name _____		_____	
Address _____		_____	
City/State/Zip _____		_____	
Phone # _____		_____	
* Correspondence & Contact (if different from Owner)		* Appellant's Estimate of Value	
Name _____		(real estate value is based on 10/1/2021 Revaluation)	
Address _____		_____	
City/State/Zip _____		(attach documentation of value)	
Phone # _____			
* 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 9/13/2025	Time 9AM-12PM	Place East Lyme Town Hall 108 Pennsylvania Ave Niantic, CT 06357
Appeal Summary _____			
Assessments	Grand List 2024	Board of Assessment Appeals	
Motor Vehicle			

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: _____
