

BOARD OF ASSESSMENT APPEALS
Application of Appeal

Pursuant to CT General State Statute §12-111 and §12-117, an application for an assessment appeal must be filed **by: FEB 20, 2024**

GRAND LIST 2023

All sections must be completed in print or type.

Property Owner Information:

Name: _____

Address: _____
Number Street City State Zip

*Phone: _____ Email: _____

Board of Assessment Appeals is not required to give a hearing date for incomplete applications.

PROPERTY TYPE BEING APPEALED (Check One): ☐ **Real estate** ☐ **Personal Property**

If Real Estate Appeal, Please Complete This Section:

Unique ID: _____ MBLU: _____

Property Number & Street: _____

Please Check One: _____ Residential _____ Commercial _____ Industrial

If Personal Property (Business) Appeal, Please Complete This Section:

Unique ID: _____ Doing Business As: _____

Location of Business in Chester: _____

****Appellant's estimate of value:** _____ (attach documentation to aid in supporting your proposed estimate). ***Required**

Reason for Appeal: _____

Signature of Property Owner
(if signed by an agent, Agent's Auth form must be attached)

Date

This Petition and supporting documentation are due by February 20th via mail, fax or email:

Postmarks will not be honored (Public Act 95-283).

Mail: Chester Town Hall – BAA
203 Middlesex Ave, Chester, CT 06412

Fax: 860-526-0004
Email: assessorclerk@chesterct.org

To be completed by the Board of Assessment Appeals only

The BAA has scheduled your appointment as follows:

DATE: _____ **TIME:** _____

PLACE OF HEARING: CHESTER TOWN HALL, 203 Middlesex Avenue, Chester, CT – SECOND FLOOR (follow signage)