



Application to the Board of Assessment Appeals

Must be filed on or before February 20, 2025, Grand List of October 1, 2024

All sections must be completed and legible for a hearing to be scheduled. This form must be **RECEIVED BY February 20, 2025** in the Assessment Office via mail, email or in person. Postmarks are not proof of receipt by our office! **Complete one form for each property account being appealed. If any fields are blank, you may not be granted a hearing.**

Property Owner(s) Name(s): _____

Appellant/Agent Name: _____

(If agent is representing you, please complete the agent authorization form on the back!)

Description of Property Being Appealed (Required, choose 1 per form)

Real Estate	Personal Property	Motor Vehicle (2023 Supplemental)
Address: _____ Residential – Comm'l – Industrial (circle one)	Address: _____ Unique ID#: _____	Year: _____ Make: _____ Model: _____ VIN: _____

Background: Have you appealed this property previously? (yes or no) _____

Reason for the Appeal (Required) ("Taxes too high" is not an acceptable reason. We set values of property, **not** the taxes. Provide a reason that you believe our **value** is inaccurate.): _____

Appellant's/Agent's Opinion of **Fair Market Value** (Required): \$ _____

Town's **Appraised** Value: \$ _____ Town's **Assessed (70%)** Value(on tax bill): \$ _____

Real estate valuations are based on 10/1/2021 revaluation.

Please attach all relevant materials to support the appeal/opinion of value to this form.

Correspondence to be sent to (Provide only 1):

Name: _____

Email: _____

Mailing Address: _____

Phone Number: _____

Signature of owner (or authorized agent with completed authorization form on back)

Date signed

You will be notified by email, mail and/or phone of the date, time, and place of your appeal hearing.

YOU MAY FILE ONLINE AT MANCHESTERCT.GOV



Town of Manchester – Assessment Office
41 Center Street Manchester, CT 06045

Tel: 860-647-3016
assessor@manchesterct.gov

BOARD OF ASSESSMENT APPEALS- AGENT AUTHORIZATION

I/We _____, being legal owner(s) of (property location):

_____, hereby

authorize _____ to act as my/our agent in all matters

before the Board of Assessment Appeals of the Town of Manchester.

Signature of legal owner (Required): _____

Date Signed (Required): _____

FOR BAA USE ONLY

Date: _____ Time: _____ Location: _____

Assessment on record as of October 1, 2024: \$ _____

Notes: _____

Application: Approved Denied Granted as Follows: _____

New Assessment: \$ _____

_____ Date Signed

Signatures:

