



Application to the Board of Assessment Appeals

Must be filed on or before February 20, 2024 Grand List of October 1, 2023

All sections must be completed and legible for a hearing to be scheduled. This form must be **RECEIVED BY February 20, 2024** 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 (2022 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.): _____

If you prefer a hearing with multiple Board of Assessment Appeals members or alternates, check here:

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

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, 2023: \$ _____

Notes: _____

Application: Approved Denied Granted as Follows: _____

New Assessment: \$ _____

_____ Date Signed

Signatures:
