

Branford Board of Assessment Appeals

Applications may be sent to:
 Board of Assessment Appeals
 c/o Assessor's Office
 1019 Main Street
 Branford, CT 06405

Pursuant to P.A. 95-283, of the State of Connecticut
 an application to appeal an assessment must be filed
between February 1, 2022 and February 20, 2022

Property Owner

Name	
Address	
City	
State	
Zip	

Grand List of:	2021	Account #	
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Property Description:		
Address		
Business Name		
Map/Block/Lot		
___ Residential	___ Commercial	___ Industrial
___ Motor Vehicle Sup	___ Personal Property	

Mailing Address & Contact Person

Name	
Address	
City	
State	
Zip	
Ph #(s)	
E-mail	

Reason for Appeal:	

Appellant's Estimate of Value (Assessment):	
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ALL HEARINGS ARE RECORDED DO NOT WRITE BELOW THIS LINE

Signature of property owner or duly authorized agent (attach evidence of authorization)

X _____

DATE _____

Date	Time	Hearing Officer

OLD ASSESSMENT

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NEW ASSESSMENT

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CHANGE

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NO CHANGE

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Board of Assessment Appeals Signatures:

X _____

X _____

X _____

X _____

X _____

X _____

Notice of time sent: _____

Notice of Decision sent: _____

BOARD OF ASSESSMENT APPEALS GUIDELINES

1. The legal owner of the property must appear at the Scheduled Appointment or the person representing the owner **MUST** have submitted an Agent Authorization Letter allowing them to appear on behalf of the owner.
2. Complete form but **“DO NOT SIGN”**.
3. **RETURN FORM BY FEBRUARY 20, 2022 AND YOU WILL RECEIVE YOUR APPOINTMENT DATE AND TIME BY MAIL. APPOINTMENT TIME AND DATE CAN NOT BE CHANGED.**
4. **Your Application must include all items to substantiate your request for a reduction.** These items may include, but are not limited to the following:
 - i) An appraisal (not more than 1 year old) of your property by a certified appraiser prepared for the purposes of the Board of Assessment Appeal utilizing comparable sales from the appropriate grand list year.
 - ii) A listing of sales of similar properties which have sold during the applicable Grand List Year.
 - iii) Documentation of any errors which you feel may have been made on your street card, for example: size of land, size of building, condition of building, number of baths, type of heating, air conditioning, etc.
 - iv) A listing of properties similar to yours, which may have lower assessments.
 - v) Any maps or deeds which indicate that the land area may be wrong.
 - vi) Submitted documentation should be copies, as they will remain the property of the Board of Assessment Appeals. It is also noted that copies of any income and expense & personal property declarations submitted will become public information.
 - vii) Photographs that are submitted are not returned.
5. **BE AWARE THAT, AS WITH ALL PUBLIC HEARINGS IN BRANFORD, THE HEARING WILL BE RECORDED.**
6. After your hearing, your hearing officer will present your case to the entire board for consideration and a decision.
7. You will be notified in writing of the Board’s final decision regarding your appeal.
8. A valid telephone number and email are REQUIRED.

AGENT'S CERTIFICATION

DATE: _____

To whom it may concern:

I, _____ being the legal owner of property
identified as _____ hereby authorize
_____ to act as my agent in all matters before the Board of
Assessment Appeals of the Town of Branford for the assessment year commencing October 1,
2021.

Signed _____

Date _____

Telephone _____