## **Branford Board of Assessment Appeals**

Pursuant to P.A. 95-283, of the State of Connecticut, an application to appeal an assessment must be filed: on or Before September 13, 2019

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

	Property Owner	Grand List of:	2018	List #		
Name		Property Descr	ription:	1		
Address		Make				
		Model				
City		Year				
State		Mileage on 1	0/1/2018			
Zip						
	Mailing Address & Contact Person	Passan for Ann	and:			
Name	Mailing Address & Contact Person	Reason for App	Jeai.			
Address						
71441000						
City						
State						
Zip						
Ph #(s)						
(-)		Appellant's Est	imate of Valu	ue (Assessm	ent):	
E-mail				(. 1.00000111		
**ALL HEARINGS WILL TAKE PLACE MONDAY, SEPTEMBER 16, 2019 BEGINNING AT 5:30 PM BRANFORD TOWN HALL, 1019 MAIN STREET, BRANFORD, FIRST COME FIRST SERVE**						
	DO NOT WRITE DE					
DO NOT WRITE BELOW THIS LINE  Signature of property owner or duly authorized agent (attach evidence of authorization)						
•	,			,		
X			DATE			
	OLD ASSESSMENT		NEW ASSES	SMENT		
		L				
		_			1	
	CHANGE	ľ	NO CHANGE			
Board of Assessment Appeals Signatures:						
Х		Х				
v						
X						
Notice of Decision sent:						

## AGENT'S CERTIFICATION

DATE:	
To whom it may concern:	
Ι,	being the legal owner of the motor
vehicle identified as (Year/Make/Model)	
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, 2018.	
Signed	
Signed	
Date	
Tolombono	