

**TOWN OF ENFIELD  
ASSESSMENT APPEAL FORM**

Appeal No. \_\_\_\_\_

**THIS APPEAL FORM TO THE BOARD OF ASSESSMENT APPEALS MUST BE RECEIVED ON OR BEFORE (FEBRUARY)(MARCH) 20, AND MUST BE COMPLETED IN ITS ENTIRETY. PROPERTY OWNERS OWNING MORE THAN ONE PROPERTY MUST FILE A SEPARATE FORM FOR EACH ACCOUNT APPEALED. PLEASE TYPE OR PRINT LEGIBLY.**

Property owner(s) \_\_\_\_\_  
 Name of the signer (if signer is different from owner) \_\_\_\_\_  
 Position of the signer (if signer is different from owner) \_\_\_\_\_  
 Property owner will be represented by: Self \_\_\_\_\_ Agent \_\_\_\_\_  
 (If by agent, must complete authorization form. See Below.)

Name of Person and Address to which all notices and correspondence should be sent (list **ONE** address only):  
 Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Telephone (Daytime) \_\_\_\_\_

For the Grand List of October 1, \_\_\_\_\_ :  
 Description of the property being appealed (location if real estate\*, year/make/model/marker number if motor vehicle.)  
 NOTE: Regular Grand List Motor Vehicle hearing conducted in September)

\*Street Address \_\_\_\_\_ Assessor Map \_\_\_\_\_ Lot# \_\_\_\_\_  
 I.D. LOCK # \_\_\_\_\_  
 Supplemental October 1, \_\_\_\_\_ Motor Vehicle:  
 Yr. \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Vin \_\_\_\_\_  
 Business Personal Property \_\_\_\_\_; Location \_\_\_\_\_

Please fill out a form for each property under appeal.

Reason for the Appeal: \_\_\_\_\_  
 Appellant's estimate of the FAIR MARKET VALUE of the property being appealed: \_\_\_\_\_

Signature of owner and/or agent (Agent, if authorization form completed. See Below)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
 \_\_\_\_\_  
 (Position of signer)  
 I prefer a hearing on a weekday \_\_\_\_ a weekday evening \_\_\_\_

**AGENT'S CERTIFICATION**

DATE: \_\_\_\_\_  
 TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_ being the legal owner of the above described property hereby authorize \_\_\_\_\_ to act as my agent in all matters before the Board of Assessment Appeals of the Town of Enfield, for the assessment year commencing October 1, \_\_\_\_\_.  
\_\_\_\_\_ Owners Signature

**FOR BOARD OF ASSESSMENT APPEALS USE ONLY:**

Property Description:  
 Street Address: \_\_\_\_\_ Assessor Map \_\_\_\_\_ Lot \_\_\_\_\_ ID Lock \_\_\_\_\_  
 Other: \_\_\_\_\_

**NOTICE OF APPEAL HEARING TIME AT THE TOWN HALL:**  
 An appeal hearing is to be held (DATE) \_\_\_\_\_ (TIME) \_\_\_\_\_

\_\_\_\_\_ Your application was denied on \_\_\_\_\_ (Action Date)  
 \_\_\_\_\_ Your application was granted on \_\_\_\_\_ (Action Date)

	Old Assessment	New Assessment	Difference
LAND	_____	_____	_____
BUILDINGS	_____	_____	_____
OUT BUILDINGS	_____	_____	_____
PERSONAL PROPERTY	_____	_____	_____
TOTAL	_____	_____	_____

CHAIRMAN, BOARD OF ASSESSMENT APPEALS \_\_\_\_\_ DATED \_\_\_\_\_

This action may be appealed to Superior Court within two months of the mailing of this decision.