

Appeal No. 08-
 Hearing Date: / /

TOWN OF REDDING BOARD OF ASSESSMENT APPEALS
 100 Hill Road, PO Box 1028 Redding, CT 06876
APPEAL FORM FOR OCTOBER 1, 2008 GRAND LIST

To Receive Consideration
 All Required Information
 Must be Filled In
 Completely

All forms must be submitted to the Assessor's Office by February 20th, 2009

You will receive notification by mail as to the date and time of your appointment. All appeals will be by appointment only, no walk-ins.

Pursuant to the General Statutes of the State of Connecticut, the undersigned appeals from the assessment as fixed by the Assessor to the Board of Assessment Appeals for equalization and adjustment on the following described property.

Listed Owner: _____ List # _____
 Street Location of Property _____ Lot # _____
 Mailing Address of Owner: _____
 Mailing Address of Agent: _____
 Owner telephone: () _____ Agent Phone: () _____

**CHECK SQUARE BELOW OF PROPERTY BEING APPEALED AND FILL IN REQUIRED INFORMATION*

RESIDENTIAL
 Description: Single Family 2 Family 3 Family Condo Vacant lot Other _____
 Gross Rental Rec'd: _____ Age of Building: _____ If New, Cost of Construction: _____
 Total Purchase Price _____ Year Purchased: _____ Opinion of Fair Market Value (entire property) _____
 Assessment 10/1/2008, Land: _____ Buildings: _____ Total: _____

COMMERCIAL OR INDUSTRIAL
 Description of Property: _____
 Number of Stores: _____ Number of Families: _____ Age of Building(s): _____
 If New, Cost of Construction: _____ Year Purchased: _____ Total Purchase Price _____
 If Leased, state whether Gross lease or Net lease: _____
 Gross Income and Expenses: _____
 Submit copies of Current and Prior Years' Operating Statements: _____
 Opinion of Fair Market Value (entire property) _____
 Assessment 10/1/2008, Land: _____ Buildings: _____ Total: _____

COMMERCIAL VACANT LAND ONLY
 Year Purchased: _____ Total Purchase Price _____ Assessment Total 10/1/2008: _____
 State Condition of the Land: _____
 Opinion of Fair Market Value (entire property) _____

PERSONAL PROPERTY
 Book Value of Furniture & Fixtures: _____ Date: _____
 Book Value of Machinery & Equip: _____ Date: _____
 Assessment Total 10/1/2008: _____

MOTOR VEHICLE (2007 Supplemental Grand List)
 Make of Vehicle: _____ Model: _____ Body Style: _____
 VIN Number: _____ Plate #: _____ List # _____ Assessment: _____
 Opinion of Fair Market Value: _____

REASON FOR APPEAL (Attach Additional Sheets if needed):

Upon reasonable notice, the undersigned agrees to appear before the Board of Assessment Appeal and answer all further questions pertaining to the above appeal. The undersigned deposes and says that the above statements are true.

Signature of Owner: _____ Signature of Agent: _____
 Printed Name of Owner: _____ Printed Name of Agent: _____

As provided for by Connecticut General Statute Sec. 12-117a: Any person, including any lessee of real property who is bound under terms of his lease to pay real property taxes, claiming to be aggrieved by the action of the Board of Assessment Appeals, may, within two months from the date of the mailing of the notice of action, make application, in the nature of an appeal of the assessment list for the assessment year commencing October 1, 2008, to the State Superior Court, which shall be accompanied by a citation to the Town to appear before said court.

