PETITION TO THE BOARD OF ASSESSMENT APPEALS
TOWN OF PLAINFIELD

Must be filed by February 20, 2020

By authority of Public Act 95-283, of the State of Connecticut
Please print or type the following information about each property appealed.

GRAND LIST OF OCTOBER 1, 2019

* Property owner’s name: _____________________________________________

* Appellant’s Name: ________________________________________________

* Property location: ________________________________________________

   Map/Block/Lot: ___________________________________________________

   Number and street _______________________________________________

* Property type: ____________________________________________________

   (residential, commercial, industrial, personal property, motor vehicles)

* Reason for appeal: _______________________________________________

* Appellant’s estimate of value: _____________________________________

   (attach documentation of value, if applicable)

* Name, mailing address, and phone number of party to be sent correspondence:

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

* Signature of property owner or duly authorized agent

   (Attach proof of authorization) * ____________________________ Date

* SECTIONS MUST BE COMPLETED IN ORDER TO BE GIVEN A HEARING.

THIS FORM MUST BE FILED BY February 20TH 2020 AND RETURNED TO:

Board of Assessment Appeals
Town of Plainfield
8 Community Avenue
Plainfield, CT 06374-1299

Date and time of hearing: ____________________________________________

Appeal number: ____________________________

THIS FORM MUST BE FILLED OUT COMPLETELY  CONTINUED ON OTHER SIDE>
Please fill out this section if you want someone to represent you.

AGENT’S CERTIFICATION

DATE: ________________________________

TO WHOM IT MAY CONCERN:

I, ____________________________________

Being the legal owner of property at: ________________________________

Hereby authorize ________________________________ to act as my agent in all

Matters before the Board of Assessment Appeals of the Town of Plainfield

for the assessment year commencing October 1, 2019.

(Signed) ________________________________

PLEASE SIGN HERE

I attest to the fact that all the information provided on this application is true to the best of my knowledge.

___________________________________________  ____________________________
Signature of property owner or  Date
Duly authorized agent

PLEASE RETURN FORMS TO:

Board of Assessment Appeals
C/O Assessor’s Office
8 Community Ave
Plainfield, CT 06374-1299