

**PETITION TO THE BOARD OF ASSESSMENT APPEALS
TOWN OF PLAINFIELD**

Must be filed by February 20th 2019

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, 2018

* Property owner's name: _____

* Appellant's Name: _____

* Property location: _____
Number and street

Map/Block/Lot: _____

* 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 Date
(Attach proof of authorization)

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

THIS FORM MUST BE FILED BY February 20TH 2019 AND RETURNED TO:

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

Date and time of hearing: _____

Appeal number: _____

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, 2018.

(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
Duly authorized agent**

Date

PLEASE RETURN FORMS TO:

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