PETITION TO THE BOARD OF ASSESSMENT APPEALS
TOWN OF CANTON, CONNECTICUT

Must be filed by February 20th annually

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, _________

*Property Owner’s Name: ____________________________________________________________

*Appellant’s Name: ________________________________________________________________

*Property Location: ________________________________________________________________

Map/Block/Lot (if available): _________________________________________________________

*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 evidence of authorization) * Date

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

THIS FORM MUST BE COMPLETED AND RECEIVED BY FEBRUARY 20th FOLLOWING
THE GRAND LIST DATE. COMPLETED FORMS MUST BE RETURNED TO:

Board of Assessment Appeals
Town of Canton
P.O. Box 168, Collinsville, CT 06022