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

*Must be filed by August 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: ________________________________

*Address: ________________________________________

* Make: ___________ Model: __________ Year: _______ VIN:________________________ Style:________

*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 AUGUST 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