

FORM - BAA

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

*Must be filed by August 20<sup>th</sup> 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 20<sup>th</sup> 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