

FORM - BAA

**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: _____

*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 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**