



# Town of Wallingford, Connecticut

## BOARD OF ASSESSMENT APPEALS

Thomas Vitali, Member  
Christopher Diorio, Member  
Robert Avery, Member

Town Hall, Room 101  
45 South Main Street  
Wallingford, CT 06492

Phone - 203-294-2001  
Fax - 203-294-2003

Hearing No. \_\_\_\_\_

### APPLICATION

#### APPEAL OF ASSESSED VALUATION BOARD OF ASSESSMENT APPEALS GRAND LIST OF OCTOBER 1, 2010

HEARING DATE: \_\_\_\_\_

Property Owner:
_____
Name of property Owner
_____
Mailing Address
_____
City, State, Zip
_____

Appellant (if other than owner):
_____
Name of Owner's Agent
_____
Mailing Address
_____
City, State, Zip
_____

Appellant's Capacity     Owner     Owner's Agent  
(If Agent, attach a copy of Agency Agreement or Power of Attorney. Original agency document must be submitted at hearing.)

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
Print applicant name and date    Applicant signature    Phone

**Fill out only the section for the property type under appeal.**

Motor Vehicle: Year \_\_\_\_\_ Make /Model: \_\_\_\_\_ Plate Registration \_\_\_\_\_

Real Estate: \_\_\_\_\_  
(Address and/or Assessor's Map/Block/Lot/Unit Number)

Personal Property: \_\_\_\_\_

What ASSESSED VALUE has the assessor placed on the property? : \$ \_\_\_\_\_

What MARKET VALUE does the applicant place on the property? : \$ \_\_\_\_\_

Briefly state the basis of the Appeal: \_\_\_\_\_

(Attach additional page, documentation or appraisal if needed)

**DO NOT WRITE BELOW THIS LINE - BAA Use Only**

**I hereby solemnly swear that the testimony I am about to give is true and accurate to the best of my knowledge and belief.**

Signature(s) of  
Owner(s) or Agent: \_\_\_\_\_ (Must be signed in the presence of the Board)    Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

Motion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Voting Record**

**Initials**

Holly B. Lafond	_____	_____
Christopher Diorio	_____	_____
Robert Avery	_____	_____