



# Town of Wallingford, Connecticut

## Informal Hearing/Problem Resolution Form

Interviewed By: \_\_\_\_\_

Taxpayer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_

Property Description: \_\_\_\_\_  
And Location \_\_\_\_\_ Indicate Map/Lot & Address, Vehicle Year, Type & Plate No. or Describe if Personal Property.

Describe your Problem below: \_\_\_\_\_ Attach additional statement, if needed.

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*Under the penalty of false statement, I certify that the foregoing statement is true and accurate.*

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*Signature and Date*

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*For Office Use Only*

Recommended Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Change in assessment:</u>		
From: _____	To: _____	Grand List Year _____
Approved By: _____	Date: _____	
Correction Number _____		