



# Town of Wallingford, Connecticut

Department of Finance  
Assessing Division  
45 South Main Street  
Wallingford, CT 06492

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## 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.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

.....  
*Signature and Date*

*For Office Use Only*

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

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

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