



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	_____	_____