

TOWN OF NORFOLK
APPLICATION FOR ASSESSMENT APPEAL

October 1, 2015 Grand List

**Must be completed and received no later than
close of business at 12:00 pm noon on Friday, March 18, 2016.**

Name of Property Owner(s): _____
(Please Print)

Name of Authorized Agent: (if applicable) _____
(If representation by an Agent, the Certification on the back of this form must be completed.)

Name and Address where notices and correspondence should be sent: (One person/address only)

Name: _____ Telephone: _____

Street: _____ email: _____

Town, State & Zip: _____

Nature of the Appeal for most recent Grand List Year: (Check one)

Real Estate: _____ **Motor Vehicle:** _____ **Personal Property:** _____

Description of Property Being Appealed (i.e. Property location of real estate, etc. If for motor vehicle, please provide the year, make, model and marker number): _____

Reason for the Appeal: (Please provide written documentation supporting your claim) _____

Appellant's Estimate of the Value of the Property Being Appealed: _____

Hearing Date Preference: Week day evening: _____ Saturday morning: _____

➤ **Signature of Owner or Agent:** _____ **Date:** _____

Please Note: This form must be completed in its entirety. Property owners owning more than one parcel of real estate or vehicle must file a separate application form for each property assessment being appealed. Please type or print legibly. Completed forms must be returned to:

TOWN OF NORFOLK
Board of Assessment Appeals
c/o Assessor's Office
19 Maple Ave. P.O. Box #552
Norfolk, CT 06058-0552

For questions or additional information, please contact the Assessor's Office at 860-542-5287 or by email to norfolkassessor@yahoo.com.

OWNER'S CERTIFICATION OF AGENT

I, _____, being the legal Owner of property located at
(Owner's Name)

_____ hereby authorize _____
(Agent's Name Printed)

to act as my Agent in all matters before the Norfolk Board of Assessment Appeals for this most recent Grand List year.

Signed: _____

Dated: _____