

 **Town of Norfolk**

***Board of Assessment Appeals***

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| **APPLICATION FOR ASSESSMENT APPEAL****Grand List of October 1, 2021****Motor Vehicle Appeals Only** |
| **Name of Owner:** |  |
| **Name and mailing address to which all correspondence should be sent** *(list one address only)****:*** |
|  | **Name:** |  |  | **Telephone:** |  |
|  | **Street:** |  |  | **Email:** |  |
|  | **Town, State & Zip:** |  |
| **Description of vehicle being appealed** *(please include year, make, model, VIN # and plate)***:** |
|  |
|  |
| **Reason for appeal** *(please provide written documentation of your claim)*: |  |
|  |
|  |
| **Appellant’s estimate of value of the property being appealed:** | $ |
| **\*\*\*Please note: The motor vehicle or supporting documentation should be made available at your hearing.** |
|  |  |  |
| **Signature of Property Owner or Duly Authorized Agent** | **Date** |
|  |
| **OWNER’S CERTIFICATION OF AGENT** |
| I,  |  | being the legal owner of the above-mentioned motor vehicle, hereby authorize |
|  |  | to act as agent in all matters before the Board of Assessment Appeals of the  |
| Town of Norfolk for the current Grand List year. |
|  |
|  |  |  |  |  |
|  | Signature of Owner |  | Date |  |

***Please note:* This form must be completed in its entirety. Property owners owning more than one motor vehicle must file a separate application form for each vehicle. Please type or print legibly. Completed form with original signatures should be returned to: Town of Norfolk**

 **Board of Assessment Appeals**

 **c/o Assessor’s Office**

 **19 Maple Avenue, PO Box 552**

 **Norfolk, CT 06058-0552**

**or presented at the September 10, 2022 9:00am – 10:00am Open Session Appeals meeting. For questions or additional information, please contact the Assessor’s Office at 860.542.5287 or email assessor@norfolkct.org.**