



Town of Norfolk
Board of Assessment Appeals

APPLICATION FOR ASSESSMENT APPEAL
GRAND LIST OF OCTOBER 1, 2024

Must be completed in its entirety and received no later than 4:00 p.m on February 20, 2025

Property Owner's Name: _____

Name and mailing address to which all correspondence should be sent (list one address only):

Name: _____ Telephone: _____

Street: _____ Email: _____

Town, State & Zip: _____

Nature of Appeal: _____ Real Estate _____ Motor Vehicle _____ Personal Property

Description of property being appealed (i.e. property location of real estate, name of business, etc. If motor vehicle, please provide the year, make, model, VIN and license plate number):

Reason for appeal (please provide written documentation supporting your claim): _____

Owner/appellant's estimate of value of the property being appealed (required by statute): _____

Hearing Date Preference: _____ Weekday Evening _____ Saturday Morning

Signature of Property Owner or Duly Authorized Agent _____ Date _____

PLEASE NOTE THAT THE PROPERTY OWNER OR AGENT **MUST** ATTEND THE HEARING IN PERSON IN ORDER FOR AN APPEAL TO BE CONSIDERED.

OWNER'S CERTIFICATION OF AGENT

I, _____, being the legal property owner located at _____, hereby authorize _____ to act as a 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 APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.** Property owners must file a separate application for each property assessment being appealed. Please type or print legibly. Completed application(s), with original signature(s), must be returned to:

Town of Norfolk
Board of Assessment Appeals
c/o Assessor's Office
PO Box 552
Norfolk, CT 06058-0552

For questions, or additional information, please contact the Assessor's office at (860) 542-5287 or email the Assessor at: assessor@norfolkct.org.