

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 April 2, 2025

Property Owner's Name:			
Name and mailing addre	ess to which all correspondence should be	sent (list one address only):	
Name:		Telephone:	
Street:		Email:	
Town, State & 2	Zip:		
Nature of Appeal:	Real Estate	Motor Vehicle	Personal Property
	being appealed (i.e. property location of r and license plate number):	eal estate, name of business,	etc. If motor vehicle, please provide the
Reason for appeal (pleas	se provide written documentation support	ting your claim):	3
	nate of value of the property being app	· · · · · · · · · · · · · · · · · · ·	
Signature of Property Owner or Duly Authorized Agent			Date
PLEASE NOTE THA		GENT <u>MUST</u> ATTEND THE L TO BE CONSIDERED.	E HEARING IN PERSON IN ORDER
	OWNER'S CERT	IFICATION OF AGENT	
	, being the legal property own		
	of the Town of Norfolk for the current Gr		it in all matters before the Board
	ure 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.