

TOWN OF SUFFIELD
BOARD OF ASSESSMENT APPEALS

INFORMATION SHEET-PLEASE READ CAREFULLY
(PLEASE RETAIN FOR FUTURE REFERENCE)

Enclosed is an appeal application to the Board of Assessment Appeals. Please complete **SECTION A** and return it no later than **February 20, 2009** as noted. The application must be in the Assessor's office on or before **February 20, 2009** or postmarked by **February 20, 2009**. No applications will be accepted after this date. You need to file **one** application for **each** property account being appealed.

A **copy** of the application will be returned to you no later than March 1, 2009, indicating in **SECTION B** the time of your hearing. Hearings will be held in Town Hall during the month of March. **Appointments will not be changed from those assigned by the Board.** We will make every attempt to satisfy your time request.

Your appointment has been scheduled for 20 minutes. Our experience has shown however that most appeals can be completed in 15 minutes or less, after which time discussions tend to become repetitive. You may of course take the full time if needed. You or your agent must appear before the Board of Assessment Appeal for your appeal to be considered.

You may present documentation to the Board that shows that your property is over-valued or is valued inequitably when compared to similar properties. You cannot base your appeal solely on the fact that you feel your taxes are too high, or that they may increase more than others. In addition, you **must** pay at least **75%** of taxes owed on properties assessed **less than 500k** and **90%** on properties assessed **more than 500k**. A suggestion would be to have the **Proof of Value Statement** completed and ready for the Board of Assessment Appeals prior to the date of appeal.

Please note that the Board will not deliberate your case at the time of your appeal, but will do so at a subsequent time.

The results of your hearing will be returned to you **after** the Board deliberates your appeal, indicating the results of their deliberations and their comments, if any.

Please contact this office at (860) 668-3866 if you have any questions.

Assessor's Office
Town of Suffield

TOWN OF SUFFIELD

PROPERTY ASSESSMENT **APPEAL APPLICATION** TO THE BOARD OF ASSESSMENT APPEALS

INSTRUCTIONS: Please complete **SECTION A** of this application in its entirety. Please type or print legibly. Complete **one** form for **each** property being appealed. **NOTE: COMPLETED FORM MUST BE RETURNED NO LATER THAN February 20, 2009 by 1:00 P.M OR POSTMARKED NO LATER THAN February 20, 2009. NO APPEAL WILL BE CONSIDERED UNLESS A WRITTEN APPLICATION IS SUBMITTED TIMELY.** (CONNECTICUT GENERAL STATUTES SS12-111 AMENDED PA 95-283)

RETURN TO: BAA C/O ASSESSORS OFFICE, 83 MOUNTAIN ROAD, SUFFIELD, CT. 06078-2041

SECTION A APPEAL APPLICATION

Property Owner(s) _____

Name of Signer of Application _____

Position of the Signer: owner _____ agent _____ corp. officer (*identify*) _____.

Property owner will be represented by: self ___-agent___.
(If by agent, owner must complete authorization form on reverse side Section E)

Name of Person and Address to which all notices and correspondence should be sent (list **one** address only):

Name Phone _____

Street

City, State, Zip Code

Description of the property being appealed (location # and street address if real estate, year/make/marker # if motor vehicle)

For the Grand List of October 1, **2008**: Real Estate _____ Motor Vehicle _____ Personal Property _____.

Reason for the Appeal: _____

Appellant's estimate of the value of the property being appealed: _____.

Signature of Owner or Agent *Date Appeal Signed*
(Agent, if authorization form completed on Back)

SECTION B NOTICE OF APPEAL HEARING TIME AND PLACE

(For Board of Assessment Appeals Use Only)

Your appeal hearing for the above property is scheduled to be held at the Suffield Town Hall, 83 Mountain Rd,

Suffield on _____ 2009 at _____

Date Section B Notice sent _____.
Date Section C Hearing Results sent _____.

SECTION C HEARING RESULTS
(For Board of Assessment Appeals use only)

This appeal was heard at a meeting of the Board of Assessment Appeals held on the _____ day of **March 2009**. It was voted as follows at a meeting held on the _____ day of _____, **2009**:

_____Petition dismissed _____Petition denied _____Petition granted as follows:

\$ _____ . \$ _____ = \$ _____ .
Current Assessment Adjustment New Assessment

Chairman, Board of Assessment Appeals

SECTION D COMMENTS OF BOARD OF ASSESSMENT APPEAL

SECTION E BOARD OF ASSESSMENT APPEALS AUTHORIZATION

TO THE BOARD OF ASSESSMENT APPEALS OF THE TOWN OF SUFFIELD:

I/We, being the legal owner(s) of

_____, hereby authorize _____ to

act as my agent in all matters before the Board of Assessment Appeals of the Town of Suffield.

Property Owner: _____
(Signature)

(Date Signed)

Owner's Address: _____

PROOF OF VALUE STATEMENT

I understand that the current assessment on the property in question is based on seventy percent (70%) of the fair market value on October 1, 2008, because this was the year of Suffield's Revaluation. I have also made any corrections to my field card (if necessary) that may affect the current assessment.

Property Address: _____ Map/Block/Lot _____

Comparable Sale #1:

Address: _____ Map/Block/Lot _____

Assessment: _____

Comparable Sale #2:

Address: _____ Map/Block/Lot _____

Assessment _____

Comparable Sale #3:

Address: _____ Map/Block/Lot _____

Assessment: _____

* It is the suggestion of the Board that three comparable sales be used when appealing an assessment. You may include more if you wish.

*If this form is not returned before the date of the appeal, the taxpayer will be responsible for providing the Board with copies of the field cards showing the comparable sales that will be used in the taxpayer's appeal.