

## **Application for Assessment Appeal**

### **Board of Assessment Appeals Town of Somers, Connecticut**

Property Owner(s):

Name of Signer (if different than owner):

Position of Signer (if different than owner):

Property owner will be represented by:    Self            Agent  
(If by Agent, the Agent's Certification section must be completed.)

Name and Address to which all notices and correspondence should be sent (list one address only.)  
Name: \_\_\_\_\_

Street, City, State, Zip Code    \_\_\_\_\_  
\_\_\_\_\_

Phone Number: Daytime:                      Evening:

For the Grand List of October 1, 2009:  
Real Estate:              Motor Vehicle:              Personal Property:

Description of the Property being appealed (address if real estate, year-make-model-marker number if motor vehicle):

Reason for appeal:

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

Signature of Owner or Agent: \_\_\_\_\_

Printed Name:

Dated:

**Note: Applications must be received at the Assessor's Office by  
March 20, 2010**

Agent's Certification

**Date:**

**TO WHOM IT MAY CONCERN:** I, \_\_\_\_\_ being the

legal owner of the property located at:

hereby authorize:

to act as my agent in all matters before the Board of Assessment Appeals of the Town of  
Somers, Connecticut for the assessment year commencing October 1, 2009.

\_\_\_\_\_  
Signature

Address: