

## **BOARD OF ASSESSMENT APPEALS GUIDELINES**

1. The legal owner of the vehicle must appear with the vehicle or the person representing the owner **MUST** have submitted an Agent Authorization Letter allowing them to appear on behalf of the owner.
2. Complete the form, but **“DO NOT SIGN”**.
3. **RETURN FORM BY SEPTEMBER 13, 2024.**
4. **Your Application must include all items to substantiate your request for a reduction.**
  - i) Submitted documentation should be copies, as they will remain the property of the Board of Assessment Appeals.
  - ii) Photographs that are submitted are not returned.
5. Be aware that this is a Public Hearing.
6. **Hearings will be conducted on a First Come First Serve Basis.**  
There are no appointments.
7. After your hearing, your hearing officer will present your case to the entire board for consideration and a decision.
8. You will be notified in writing of the Board’s final decision regarding your appeal.
9. A valid telephone number and email are REQUIRED.
10. **PLEASE PRINT CLEARLY.**

Forms can be emailed **up until 4:30 pm on September 13, 2024.** The email address is [cfisher@branford-ct.gov](mailto:cfisher@branford-ct.gov) . Applicants are responsible to insure completed and timely delivery. Applications cannot be accepted after the close of business September 13, 2024. We are not responsible for lost or undelivered Applications.

**POSTMARKS ARE NOT CONSIDERED AS TIMELY FILINGS.**

# Branford Board of Assessment Appeals

Applications may be sent to:  
Board of Assessment Appeals  
c/o Assessor's Office  
1019 Main Street  
Branford, CT 06405

Pursuant to P.A. 95-283, of the State of Connecticut, an application to appeal an assessment must be filed: **on or Before September 13, 2024**  
The Office is **CLOSED** at 4:30 pm.

Property Owner	
Name	
Address	
City	
State	Zip

Grand List of:	2023	List #	
Property Description:			
Make			
Model			
Year			
Mileage on 10/1/2023			

Mailing Address & Contact Person	
Name	
Address	
City	
State	Zip
Ph #(s)	
E-mail	

Reason for Appeal:	
Appellant's Estimate of Value (Assessment):	

Signature of property owner or duly authorized agent (attach evidence of authorization)

**\*\*ALL HEARINGS WILL TAKE PLACE TUESDAY, SEPTEMBER 17, 2024 commencing at 5:15 pm  
on a First Come, First Serve basis at THE ASSESSOR'S OFFICE  
BRANFORD TOWN HALL, 1019 MAIN STREET, BRANFORD, CONNECTICUT\*\***

DO NOT WRITE BELOW THIS LINE

HEARING DATE: **9/17/2024** HEARING TIME: **n/a**

X \_\_\_\_\_ DATE \_\_\_\_\_

OLD ASSESSMENT

NEW ASSESSMENT

CHANGE

NO CHANGE

Board of Assessment Appeals Signatures:

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

## AGENT'S CERTIFICATION

DATE: \_\_\_\_\_

To whom it may concern:

I, \_\_\_\_\_ being the legal owner of property  
identified as \_\_\_\_\_ hereby authorize  
\_\_\_\_\_ to act as my agent in all matters before the Board of  
Assessment Appeals of the Town of Branford for the assessment year commencing October 1,  
2023.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_