

**Town of Ledyard  
Board of Assessment Appeals (BAA) – Hearing Request**

Pursuant to Public Act 95-283 of the State of Connecticut, an application to appeal an assessment must be filed:

**On or between February 1<sup>st</sup> and February 22<sup>nd</sup>**

All sections must be completed. The Board of Assessment Appeals is not required to give a hearing date to an incomplete application. Please print or type.

Note: The applicant is encouraged to bring documents/photographs/comparables to show to the Board of Assessment Appeals why the assessed value of the subject property is in error and the proposed value is correct.

**Applicant/Appellant:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** (    ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Grand List as of** October 1, 2021 **List Number:** \_\_\_\_\_ **Map/Block/Lot** \_\_\_\_\_

**Property Description:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Property Type:**     Residential     Commercial     Industrial     Personal Property     Motor Vehicle

**From Grand List: Market Value:**    \$ \_\_\_\_\_ **Assessment (70% of market value):**    \$ \_\_\_\_\_

**Owner's Estimate of Market Value:**    \$ \_\_\_\_\_

**Reason for Appeal & Justification of Estimated Market Value:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach or bring additional pages and/or photos as appropriate)

*I declare, under oath, that the foregoing information, according to the best of my knowledge, remembrance and belief, are true statements.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\* Reserved for Use By Board of Assessment Appeals \*\*\*\*\*

**Hearing Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Grand List Assessment:**    \$ \_\_\_\_\_

**BAA Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BAA Decision of Assessment:**    \$ \_\_\_\_\_

\_\_\_\_\_  
**BAA Chairman**                      **BAA Member**                      **BAA Member**                      **Date**